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July 1958

Differential Planning in
Child Welfare

Philosophy and Practices
in Homemaker Service

A Day Residential Program for
the Disturbed Pre-school Child

Deterrents to the Adoption of
Children in Foster Care

Effect of Adoption of Foreign
Children on U.S. Adoption
Standards and Practices

CHILD WELFARE

JOURNAL OF THE
CHILD WELFARE LEAGUE OF AMERICA, Inc.

HENRIETTA L. GORDON, Editor

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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DIFFERENTIAL PLANNING IN CHILD WELFARE*

Leon H. Richman

Executive Director
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This paper discusses the obstacles to applying expanded theoretical and technical knowledge in child welfare, and the implications of differential planning for children.

DURING the past few years the literature in child welfare has been reemphasizing the importance of a family of his own for every child. Some contend that the recognition of this concept heralds a redirection in child welfare, by stressing help to children in their own homes rather than through placement. Others see it as a change from child-centered to family-centered service, indicating that child welfare must be directed toward preservation of the family, separation should be a last resort and, at best, placement should be regarded as a temporary phase in the child's life.

The term *child welfare* is used in this paper to refer to a field of practice concerned with children when circumstances within themselves, their families or community, may jeopardize their normal development. Services may be provided within the home by counseling of parents in relation to their functioning as parents; homemaker service and day care to strengthen the family and make it possible for children to receive adequate care when parents cannot fulfill their function. Services are provided outside of the home through temporary placement for children while both children and family are helped to be re-united, or the parents helped either to permit children to benefit from continued placement or surrender for adoption.

Historical Perspective

I see no new principle involved in this call for redirection. It was enunciated about fifty years ago at the first White House Conference, when the preservation of the child's own family was accepted as the cardinal principle of child welfare. If we recognize this

as an already established principle, then why the need for the renewed emphasis, or as some even call it, redirection? I believe it is not because the established principle is inadequate for protecting children and their families, or because of the presence of an unresolved conflict in the field of child welfare with regard to this principle. The re-emphasis seems rather to reflect frustrations caused by practical obstacles to implementing sound principles. It may also indicate a tendency in the field to shift from one single solution to another.

Those who counsel a change from child-centered to family-centered service interpret the concept of child welfare in too limited a way. Child welfare has always been concerned with the family when its ability to meet children's needs was threatened. Early in the current century, leaders in the field sought ways to support and strengthen the family as a means of helping parents in their parental role. Widow's Pension or Mother's Aid, the forerunner of ADC, was achieved mainly through the effort of child welfare leaders. Following the passage of Social Security legislation, there was discussion of whether the ADC program should be integrated with existing state and county child welfare programs. Homemaker service originated in this country in a child placement agency which recognized the values of the child's own family to him. Remembering also the declaration of the first White House Conference in 1910, there is ample evidence that conceptually child welfare has always emphasized the importance of the family as a unit, and the impact of social and economic factors on its stability.

Following World War I, casework theory and practice underwent profound changes as they incorporated concepts of individualized

* Given at CWLA meeting, National Conference on Social Welfare, Chicago, on May 13, 1958.

psychology. The focus was almost exclusively on development and adjustment of the individual personality in all casework agencies.

But it is more than a decade since child welfare literature began to indicate an awareness that children are inextricably bound to their parents and therefore cannot be treated as isolated individuals. There were frequent statements that child welfare was "rediscovering the family." We know that parents and children affect one another, so that the child can be understood only within the context of the social and emotional environment of his family. The child needs his parents, but must also be satisfying to them to stimulate wholesome parenthood. Therefore, the diagnostic approach must be understood in terms of the family as a unit. We must recognize the individual as part of the unit, and at the same time see the family as part of the individual. Finally, we must see the role of each in relation to the other. Professional application of the psycho-social concept of the total family in casework is relatively new, and much needs to be learned about its application. Child welfare has a unique opportunity to experiment with this concept in evaluating and treating the family when it seeks to prevent its breakdown, tries to keep parts of the family related to each other in placement, and restores the parts into organic unity upon the children's return from placement.

Social and Economic Changes

Family and child welfare have felt the impact of social and economic changes as well as the influence of the concept of a family of his own for every child. Federal and state legislation and expanded governmental responsibility for family protection are based on this principle. Poverty is no longer a primary cause of placement, though economic factors continue to be contributory. The gains in the past quarter of a century have been of tremendous importance to children. Large numbers of them remain with their families under ADC and Old Age and Survivor's Insurance benefits, through which millions of children benefit by social services,

with great opportunities for preventive help. Development of child guidance clinics, change in function of family agencies with emphasis on family counseling, and gradual increase in homemaker and day care services have contributed to preventing family breakdown. As a consequence the total number of children in foster care, especially the number of orphans, has sharply declined. Also, the change in the concept of adoptability is slowly reducing the number of "unadoptable" children who formerly remained in long-time placement.

Through recognition of the importance of family life to the child's development, foster home placement came into use when the child's own family failed to provide for his basic needs. Increased understanding of the dynamics of children's behavior led to greater emphasis in placement on treatment with psychiatric understanding. The facts that foster home service has for some time been meeting the needs of most children in placement and that the total number requiring placement has decreased have led to significant changes in institutions for children.

Although we have made considerable progress, a serious gap remains between our principles and greater understanding of needs of children on the one hand, and our performance on the other. We deal with an ever-changing situation, and therefore are ever in a position to improve. There will always be a time lag between the knowledge available and our capacity to use it, as between a community's expressed concern about social problems and the presence of adequate facilities for meeting them. The responsibility of filling these gaps is a challenge to all who are dedicated to child welfare. While recognizing our limitations as practitioners, we must beware of using them as an excuse for inaction. Franklin Roosevelt stated the objectives of our profession succinctly at Yalta—to "give every man, woman and child on this earth the possibility of security and well being." I have a deep conviction of the significance of our help to the individual and to our nation. Against this background

I wish to discuss some of the obstacles and frustrations which remain to challenge us.

Inadequacy of ADC Program

A generic principle is violated whenever a service helpful to families is not given, and consequently children who should remain with their families go into placement. Some children are placed because families on ADC cannot live on the grant. In my county, 25 per cent of the grant is supplemented from general assistance to provide an "adequate minimum" budget. In some communities, supplementation of categorical assistance payments is not possible, because funds are not sufficient to provide adequately for persons dependent exclusively on general relief. ADC payments are not uniform throughout the state, reduction below minimum requirements being necessary in some areas because of shortage of funds in the face of greater need. The total state and county money in the program has never been sufficient to correct this situation.¹

Some mothers on ADC will, even under great economic strain, strive to keep their families together. The program, however, fails to provide family security when the average grant throughout the country is about \$80 a month. This is serious because of the 1,600,000 children involved in the program, whose social situation makes them vulnerable. The community would have to pay five times more for these children in placement than for support in their own homes. It must be made aware that inadequate grants that undermine the family are poor economy. Moreover, the loss of a family to a child cannot be measured in dollars and cents. The worker faces a dilemma when confronted with requests for placement of such children. His reluctance to separate families is strong, and his professional responsibility dictates that help must be offered freely and realistically. He can help parents evaluate their feelings about parenthood and give thoughtful consideration to the drastic step they are contemplating, but he cannot

change the external reality. Child welfare has a responsibility to question the soundness of placement for children whose families the community fails to provide with other needed services. No community would expect a hospital to accept a child because his parents cannot afford the pediatrician's fee.

Another important problem in ADC is that of the teen-age mother. The 1956 amendment to the Social Security Act states as part of its purpose to help "needy families and individuals attain the maximum economic and personal independence of which they are capable." Few states, however, have made available the matching funds necessary to secure Federal funds for desperately needed professional services to ADC families, especially the young unmarried mother.

Many of these girls are not ready for motherhood; casework could help them decide if they should keep or release their children for adoption. They need constructive social experience and a sense of personal worth and achievement. The lack of normal social outlets cause these girls to seek acceptance and affection in the only manner they can easily obtain. Some should be returning to school; others might work part-time for their personal development and as part of a maturing process. Planning for their children should be made in accordance with the needs of the individual mothers and their children. Their immaturity will require incentive to stimulate and sustain them in their effort. They are as handicapped in their emotional development as the blind are handicapped physically. The incentive principle as applied to the blind, in which the first \$50 of earnings are not deducted from their grant, should be applicable to ADC mothers when employment would serve mother and children best. If the personal needs of these young mothers are not met adequately, they will become hard-to-reach adults.

Day Care

Another cause of frustration is the need to place children because of lack of adequate day care and the non-existence of day care facilities in many sections. Our knowledge of

¹ Annual Report of the Department of Public Welfare, State of Ohio, June 30, 1956.

children's basic needs would generally lead us to discourage mothers of pre-school children from working, but some mothers of young children want to or must work for economic or emotional reasons. The community's responsibility to help them provide good care for their children is predicated on the assumption that parents need help in fulfilling the parental function when their children are daily cared for away from home for six or more hours. Day care can supplement parental care by providing the essentials for the child's sound development. Since interest and adequacy of parents alone cannot assure the child the protection and personal attention he requires while in day care, standard-setting authorities must enforce health and safety requirements and sound standards of service through licensing and certification of day care facilities.

Casework in Day Care

Similarly, only community awareness of the child as a psychological being with special needs created by his placement will evolve and enforce an appropriate standard of casework for all parents, particularly those of pre-school children. Adequate evaluation of the need for the service and, in the case of working mothers, of the soundness of their plan to solve their problem by working outside the home is essential. In some instances, requests for service on the basis of economic need may reveal intrafamilial conflicts threatening family breakdown; in others the mother's feeling of inadequacy in rearing her children or desire to escape parental responsibility may prompt the decision to seek employment. Though day care is a means of helping the family to remain integrated, it does entail some separation which, if not understood and professionally handled, can be traumatic to both child and parents.

Casework supports the parent-child relationship during the child's induction into day care and throughout his day care experience. The extent of casework offered a family will depend on the situation and the parents' ability to benefit from such help.

The community will begin to plan soundly and realistically for day care only when it gives up the notion that availability of day care facilities encourages employment of women. Whether the increase of working women is due to a change in social attitudes, a desire for more satisfaction out of life, pressures from the employment market and high cost of living, or the higher status of the working mother than of the housewife, the employment of women is increasing and the employment of mothers is an obvious trend.²

Experience shows also that day care can help sustain the family even when the mother is at home. The care of a physically handicapped or emotionally disturbed young child may create strained family relationships which can be relieved by group and individual treatment of children and parents.

Some emotionally disturbed mothers who cannot provide a continuing healthy relationship with their children may need some relief from parental responsibilities. In these situations, day care not only relieves the mother of responsibility she cannot carry alone, but enables her to give the child better care and attention when they are together. Families are thus helped to retain their strengths and children are spared more complete separation. Other mothers may enjoy their parental role but find that the strain of responsibilities for a large family interferes with providing adequate care. In day care children can benefit from group experience, and mothers obtain the necessary relief. They are helped to carry their parental responsibility more adequately, and parental care and guidance are supplemented.³

Family Day Care

While I have emphasized the pre-school child's need, it is equally important to plan for the child under junior high school age. For children under three years of age as well as for children of any age for whom individ-

² Two and a half million employed mothers have pre-school children, and half must earn a living for their families.

³ This raises the question of whether in such cases a nursery school experience alone is enough.

ual care is the most appropriate, family day care should be available.

Homemaker Service

Absence of homemaker service in about one-third of the states and its limited scope elsewhere also interfered with sound planning for children. This resource enables the home to function for the child, when the mother cannot carry her family responsibilities. Since this service is of proven value in preventing placement of children, it is frustrating to have to place them because the community has failed to establish a homemaker program. It is equally unsound to place children because of administrative policies prohibiting homemaker service for families having only one child, because of the cost involved. Moreover, service should not be limited to families already at the breaking point. The concept of the service should be broadened, so that it can be utilized to strengthen family life by maintaining or re-establishing a stable home, thereby assuring the normal development of children.

The objectives of homemaker service should be to prevent placement of children; to teach home management or to train children with special handicaps; and to offer temporary relief where the mother's emotional stress and strain would impair her parental functioning. A homemaker program with the purpose of strengthening family life would thus expand its range of service. Similarly, training counselors or domestics, as well as homemakers, may be assigned to families. The casework process initiating the service will safeguard its specific purpose.

The following situation illustrates the importance of broadening the scope of homemaker service:

A treatment center received an application for placement of a four-year-old blind, crippled and emotionally disturbed child. The family could not cope with the child's problems; the mother was exhausted physically and emotionally in caring for him as well as for two others. The three health and social agencies involved agreed that the parents were genuinely interested in the child and were reluctant to have him placed in an institution. They wanted help in training this handicapped youngster, and relief during part of the day for the mother. Interaction between the child and the other

members upset the equilibrium within the family; the relationship between the parents was at the breaking point. Sound planning required consideration of the family's needs as well as the child's. When a homemaker plan was instituted, the adult placed in the home not only helped train the child but also served to minimize the stress the family had placed on the mother, thus enabling her to function as a more adequate mother and wife.

Child Placement

The tendency in child welfare to see clients' needs in terms of available services and facilities rather than as problems requiring resolution is particularly illustrated in placement. During the controversy between proponents of institution and foster home care, the differences in the value of the two types of facilities for all children was emphasized. Had needs and problems of individual children been stressed, the child placement program would not have been retarded a quarter of a century.

Another tendency is to embrace new concepts so completely that we leave no room for that part of the old which has been found helpful. The reaffirmation of the importance of the own family to the child does not clarify the question of when children should or should not be placed. It does not preclude the necessity of removing some children from their families. Placement may be a positive step, and frequently necessary for rehabilitation of children and families.⁴ What needs emphasis is that the casework job is determined by the nature of the problem, flowing from the specific needs of the individual family and the children within that family.

Our increased understanding of the child's basic needs, concern about his feeling and the qualitative aspects of his interpersonal relationships, the importance of his family to him and the significance of separation brought us to face the responsibility for differential planning of treatment programs. Today, we know that the removal of a child from his own home, regardless of its inadequacy, is a traumatic experience which leaves indelible

⁴ *The Story of Sandy* by Susan Wexler (Bobbs Merrill, 1955), poignantly describes the emotional crippling of a child by a mother.

scars. We know that physical separation of a child from his parents through placement does not erase the emotional significance these ties have for him; that the infant and young child require individual care and affection and should be placed in a foster home rather than a group facility; that involvement of parents in decisions of placing or not placing children is the beginning of helping them to be responsible parents. These concepts are an integral part of the placement process from the moment the worker begins to evaluate the parent-child relationship to the point where he determines whether separation is the best solution. Once placement is decided upon, the goal is to make it possible for the child to feel a sense of his own dignity and worth, and to preserve or develop parental interest and involvement in what is positive and meaningful in the child's relationship with his family.

The Intake Process

Applications from unstable families have increased. A request for placement often crystallizes and exposes friction and hostility that have been diffused, and indicates that a family situation has become critical. Parents coming to the agency with these feelings are confused and anxious, and ask for placement without awareness of what it may involve for themselves and the child. The urgency of their request may cloud the dynamics of their motivations. Each request must be examined for projection of the conflict on the child. Applying the theoretical concept of interrelatedness of parent-child conflicts, requests for placement of the child cannot be accepted at face value. The caseworker must evaluate the dynamics operating within the family, assessing the members' capacities to marshal all their resources to deal with the problems while staying together. Specifically, he must evaluate the parents' potential strengths for meeting the special dependency and developmental needs of their children.

Evaluating the factors that have disturbed the family equilibrium, the caseworker may find that equilibrium can be restored only through placement. He may need assistance

from psychiatry to achieve understanding for sound planning and treatment. In some instances the intake process may be directed towards helping parents reach a different solution to their problems, leading to referrals to other treatment resources.

Sound casework proceeds from accurate diagnosis. If it is agreed that the intake caseworker carries a major responsibility for determining whether placement or other services are needed, how can he achieve this if his agency follows Miss Glickman's suggestions to "keep the relationship between the intake worker and the parents at a minimum in order to make the transfer of parents to the regular worker easier for the parents."⁶ Theoretically this suggestion is plausible, but it requires validation through study of accumulated experience. Such a study may reveal why a large number of referrals between agencies are lost in transit. Is it due to the intake worker's failure to take time to establish a relationship with the parents on which to build their confidence to follow his recommendations, or does the established relationship interfere with the parents' will to seek help from another person?

Should placement be indicated, the fact that most children have one or both parents living will influence planning. The greatest number of children require placement today because of family disturbances and parental inadequacy. Today, marital problems, immaturity of parents and mental disturbances are major causes of placement. The children reflect family disturbances in a variety of symptoms, which, though they seem similar, differ in meaning. Plans must take into account the child's and the family's life experience.

All factors are evaluated during intake to determine the type of care the agency must offer to help both. The parents' attitude towards the child—their maturity and capacity to accept help for the child, for example—as well as the child's needs are important.

The mentally ill parent who cannot legally

⁶ Esther Glickman, *Child Placement Through Clinically Oriented Casework*, Columbia University Press, 1957, p. 4.

be committed to a state hospital may have a strong though pathological tie to his school-age child, and cannot be expected to accept foster home placement. This child has to be placed in an institution, preferably a group home, though his developmental needs might be met better by the intimate and normal human relations of a foster home. On the other hand, when there is a healthy bond between parent and child, the devotion and interest of the parent should be sustained. He can accept a foster family that has no need to replace him, can be helped to give up the direct controls he had when the child was living in his own home, and also can be made to feel that the child still needs his parental love and support. The child of the rejecting, possessive mother, whose guilt makes it impossible for her to release him, is frequently tied to her with anxiety and conflict. Separation seems to enhance his need to defend his mother to the point of self-deception. It is questionable if the child whose parents cannot be helped to release him can be helped through placement.

Emotionally Disturbed Children

In the past two decades, a steadily increasing number of disturbed children have come into care. They have the same basic needs as all children, with special needs arising from deprivation, insecurity and a distorted parental image. Differentiation of their needs precludes their grouping in the usual categories of children requiring either traditional substitute family living or group care. Most of them require treatment of personality disorders, regardless of the nature of the placement facility.

Even the so-called regular foster home and dependency institution must be in a position to help children with a wide range of psychological needs, which undoubtedly explains in large measure the shortage of adequate placement facilities in most communities. An available supply of foster homes or the existence of an institution is no longer a guarantee that all children awaiting placement will be suitably placed. The task is inherently difficult, since we expect the child to relate to a strange family. To meet the special needs of each child, we try to find a foster family with a strong father figure, for the fatherless child, or with a grandparent

type to serve the needs of a child whose natural parent may be deeply threatened by parent figures.

As a result of the increased number of disturbed children and parents who seek help, there has been a tendency to group all emotionally disturbed children in one category with the treatment center as the ultimate solution. We seem to have forgotten our criticism of the period when children were grouped in broad classification as dependents, neglected and delinquent without differentiation of individual needs. Actually, emotionally disturbed children who are no threat to themselves or to the community and can attend public schools may need treatment through placement, but not necessarily institutional care. Some may be helped in foster homes, but the regular foster home, which generally expects the child to fit into the family's established pattern, cannot serve them. They require the foster home usually designated as special, professional or agency-owned and administered.⁶

The Special Foster Home

These homes are distinguished from the "regular" foster home by the quality of the foster parents' personality which makes it possible for them to take hostility without reacting in kind, and by the readiness of the family to adjust to the children's needs, and to work with the agency toward the best interest of the child and his parents. In short, we must find families who can become identified with the agency's professional goal and treatment plan. Intensive casework with psychiatric services makes it possible for the foster families to meet their new responsibilities. Casework with children in these foster homes is not geared only to problems growing out of placement, but also to the personality disturbances with which they come.

Though special foster homes may differ in physical structure and number of children served in each residence and in the role of the foster parents, their purpose is the same—"to provide residence units combining elements of the institution and the foster home which together seem to offer a more therapeutic setting than either could alone." A

⁶ See *Foster Home Care for Emotionally Disturbed Children*, CWLA, 1958.

community will become aware of the need for a wide variety of facilities only when child welfare workers recognize their responsibility for a diagnostic approach that identifies problems first, and then seeks appropriate placement and treatment.

The therapeutic group foster home can serve only as a temporary resource. When treatment goals are achieved, some children return to their families; others who require long-time placement need to be transferred to a more normal foster family setting. Continuous evaluation of the needs of all children in placement is essential to prevent unplanned long-time placements.

Group Care

Theoretical considerations underlying differential use of foster homes apply as well to institutions. Whenever community facilities are relatively adequate, temporary institutional placement will serve the child of school age whose behavior cannot be tolerated in the community; the child who cannot accept foster home placement because his parents are not ready to accept it; and the child whose confidence in adults has been shaken by traumatic experiences with his own parents. The last has built up strong defenses, as if to protect himself from a hostile world and, suspicious of friendly overtures, might not be able to take on the personalized environment of the foster family. The child whose family continues at least physically intact, with siblings remaining at home, also will have difficulties in accepting a substitute family.

All institutions should be treatment facilities, conscious of their responsibility for emotional growth and social education of children. Casework treatment should be integrated with the therapeutic environment of the institution. The specialized institution, the treatment center, provides a milieu and professional and child-care personnel geared to treating the more disturbed child who is greatly handicapped in his normal growth process because of severe emotional conflict, and lacks sufficient ego to cope with the reality of daily relationships in his family, in school, and with his peers. His need to defend himself against a hostile world is expressed in extreme aggression or withdrawal, neither of which can be tolerated by others. He needs to experience a sense of achievement and acceptance to build up his self-esteem. Cor-

rective and therapeutic experiences can at least partially overcome the disturbances resulting from denial of his fundamental needs.

Intelligent planning requires weighing and judging methods of care for each child in accordance with his needs. The ideal is impossible to achieve; placement facilities always lag behind our knowledge and our skills. But in the institutional field the situation is archaic. Despite advances made in the child welfare field, the institution has generally remained on the periphery of professional social work. Only within recent years has professional knowledge influenced some institutions. There are still many that ignore the basic principles of child development and actually damage children's personalities. According to a recent survey by the U. S. Children's Bureau, almost two-thirds of institutions give low quality care and have no clinical services. Regardless of their needs, children are expected to conform to a rigid routine. Furthermore, children are admitted who do not belong there. It is discouraging to plan group care for children when the only available resources are substandard. We do violence to the concept of child welfare by subjecting a child to such institutional placement.

Work with Parents

The position of the parent who moves toward placement of his child is also difficult. He feels threatened if he gives up responsibility which he does not wish or cannot assume, but which society expects him to carry. If the caseworker shows some understanding of these feelings, the parent may be able to move out of his fears of participating in the placement process. We have learned a great deal about how to involve parents effectively in intake. Child welfare workers, however, are not as clear in working with parents after placement.

All parents of children in placement need casework help, because of the inherently complex relationships and rivalries. Placement workers must enable those who resist placement to sustain it. They must secure parental cooperation for effective treatment of the children. They have to help parents who can achieve better personal adjustment and greater capacity for parenthood upon the child's return home, and lastly, must help parents who show no interest in assuming

parental functions to surrender their children for adoption.

It is important to establish early in placement to what extent parents can benefit from casework help. Some parents are emotionally too sick to be involved in a helping process. Casework with them is primarily to help them allow the children to remain in placement. As long as we are limited in knowledge of how to help such parents to change, the objective of placement in these situations must be to develop strengths within the child to protect him from excessive vulnerability to stressful situations at home, should he return to live with his family. Parents with a history of a previously well-integrated personality may be helped to assume responsibility for resolving their neurotic problems as well as problems in relationship with the child, and to facilitate the child's return home. The placement worker is in an especially strategic position to be helpful to such parents, either directly in the area of parent-child relationship or by referring them for treatment of personal or marital problems. The worker's interest in the child and in the parent's relationship to the child may help him motivate the parent to seek help.

Conclusion

We need to put to better use the considerable knowledge we already have. We must also recognize that much of our practice is based on empirical knowledge. The hypotheses on which our practice is based—like some of the statements in this paper—require validation. The new research program of the Child Welfare League will be geared to such testing, which promises to increase our basic knowledge and to develop a theoretical frame of reference for child welfare practice.

I have attempted to outline some of our achievements, call attention to current lags between knowledge and practice, and present some direction for sound differential planning in child welfare. We must continue to believe that progress is possible and that frontiers in child welfare are open. Professional and lay child welfare people must rekindle the crusading spirit of old, which achieved recognition of children's special needs and initiated services to meet them. These past achievements should be a source of encouragement and inspiration in our future efforts on behalf of children.

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PHILOSOPHY AND PRACTICES IN HOMEMAKER SERVICE*

Mrs. Rose Brodsky

Coordinating Supervisor
Jewish Community Services of
Long Island
Jamaica, New York

Mrs. Brodsky discusses creative uses of homemaker service, and how it can be used to achieve differential casework goals.

THE INTRINSIC flexibility of homemaker service permits varied auspices, financing, structural organization and uses. It can be used for preventive purposes, to help maintain a stable equilibrium, or for rehabilitation or restoration. Auspices and location would not necessarily affect its character. Essentially the central concern in offering homemaker service is to determine the kinds of needs that it can meet, and how it can be made available most effectively. Like all other services, homemaker service is concerned with the total family. Thus whether it is offered essentially for the aged, for the parents, or the children, we should be conscious of the impact on the child.

Historically, services for children began with separation from their families, with emphasis on physical standards, generally in an institutional setting. Out of a dawning recognition of the psychological values of family life, the use of foster homes was introduced. Homemaker service was one of the next developments as a service to children in their own homes. Our professional maturity leads us to view it as one of a constellation of services needed by any community. The choice of service should be based on a diagnostic understanding of the family and each of its members, including the children, and then related to the resources available.

Wider Use of Homemaker Service

The earliest traditional use of homemaker service is as an alternative to temporary shelter care or placement of the children with relatives or friends, when needed because of a parent's illness. More recently there has been considerable experimentation toward broadening its uses in child care. Some agen-

cies are abandoning time limits initially imposed, attempting to gear the service more to emerging needs. There is growing recognition of the saving in cost, both in money and psychological strains, under selective circumstances.

Thus homemaker service is being evaluated as a possible alternative to long time placement for children. Obviously, a motherless or fatherless home is still a broken home. No matter how much the homemaker might become a mother figure, a heavier psychological burden for the father and children remains than if the mother were there. A household in its mere physical sense should not be confused with family with its psychological values. In evaluating choice of service, the emotional climate of the family has to be assessed and a decision made as to whether the child could benefit more from remaining in his home, with the father and children carrying more responsibility though aided by the homemaker, or from placement with a foster family where there would be a father-mother relationship, though not his own.

There might be a number of determining factors in this choice, among them the needs and wishes of the parent as well as the child, the ages of the children, and whether we can offer a daytime or twenty-four hour service. Casework must help the parent arrive at a decision which can feel right to him, both for himself and his children, once we are sure that within the given realities of services available a homemaker would meet the need best.

Homemaker service might also be useful as part of the placement service itself. At times it might be better to keep the child in his own home with a homemaker during intake for diagnostic study purposes, in lieu of temporary placement. This might result in a

* Given at the 1958 National Conference on Social Welfare, CWLA meeting, Chicago, on May 15, 1958.

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sounder basis for planning, with less upset and shifting for the child. Then too, in work with foster families an occasional placement of a homemaker in the foster home that is near breaking might preserve the home and avoid replacement of the child. This service might also make possible earlier reunion of the family, where a period of placement had been the most feasible plan.

Another broad area of use could be in the homes of the many children who come to the attention of the authoritative agencies, child guidance clinics, and placement services. Since some of these children seem to have developed problems partly as a result of the immaturity of their parents, homemaker service might here be educative, providing a maturation and growth experience for parents as well as children.

A child who is handicapped physically, mentally, or emotionally often creates strains in family relationships. The child has difficulty coping with the community; the parents have to deal with the psychological impact of being parents to a handicapped child. Often they need to center on the care of the handicapped child, at the expense of the rest of the family; at other times, the child is rejected. Homemaker service might help restore a healthier climate for the child's development.

While many agencies offer homemaker service for post partum care, few provide service for new adoptive parents who may also need help as new parents.

With advances in medicine, psychiatry, and the allied professions and with the use of new drugs, skills and techniques, many more children as well as adults can be cared for at least in part at home. Earlier care for convalescent children and adults at home might not only hasten recovery because of the psychological benefits of the parent-child relationship, but could simultaneously release beds and services in hospitals and institutions for others. Often this is possible only if homemaker service is available. For many of the chronically ill, for whom there are no placement facilities, the only answer possible may be homemaker service. Because there is

no homemaker service in some situations, the total family is unnecessarily broken: the mother in an institution, the children in placement, and the father set adrift.

Role of the Caseworker

Homemaker service may be needed for a variety of problems—social; health/physical or mental/psychological; or a combination of any of these. Although it might be effective to have differential auspices, dependent on the central problem to be met, auspices as such need not affect the character of the service, provided the caseworker is available as an integral member of the team.

Homemaker service is generally thought of as community sponsored and agency supervised. However, professional standards have not kept pace evenly with its expansion. Many agencies concerned with standards for homemaker training seem not to have the same conviction about the caseworker's role in supervising the homemaker and carrying the basic responsibility for direct work with families. The homemaker's help is often viewed as if it alone were homemaker service. Yet, unless the homemaker's functioning is recognized as part of agency service, administered through a casework process which safeguards the purpose of the service for both agency and client, we deny its inherent character and its difference from privately paid trained or untrained household help.

The caseworker is increasingly accepted in many settings other than casework agencies. He functions as co-ordinator and integral team member in various health and welfare services, both public and voluntary. Though the place of the caseworker is not universally established in such agencies, there is growing recognition of the unique contribution which casework can make, in viewing the individual and the family as a whole. In direct work with the family, he coordinates his own process with that of all others involved, gearing it to the essential goal of the service. This concept seems applicable to homemaker service, regardless of its auspices.

The reluctance of some agencies or communities to accept the caseworker as an

integral part of homemaker service may stem from identification of casework with the outworn concept of charity, and even more from a tendency to view all casework as direct psychological treatment for personal or personality problems. We must try to clarify what we mean by casework inherent in homemaker service, and how we differentiate this form of work from others.

While there are basic elements common to any casework process, the goal and content differs in each instance, whether it involves a tangible service or not. The difference flows from the nature of the agency, the service requested and offered, and the specific needs within any given family, nor can we leave out the professional skills of the caseworker and the personalities of the individuals involved.

There are two broad types of casework: the process inherent in giving any tangible service, such as homemaker, direct financial assistance, child placement; and counseling or casework treatment in which no tangible service is involved, the client's request being for guidance or psychological change with regard to a personal or family problem. These two types of casework are often confused and discussed interchangeably, even though there is a basic difference between them.

Aspects of Casework

A further analysis of the casework process involved in giving a tangible service, such as homemaker service, reveals three different aspects: First, there is direct casework with the family in making available the concrete service, with emphasis on such matters as requirements or eligibilities. Second, casework help is needed where reality or psychological problems resulting from the impact of the situation may have impelled the family to seek the homemaker service. And third, casework might be required where the caseworker recognized personal or family problems emerging in the course of giving tangible service. Such problems might or might not be related to the concrete service being given.

Where the problem clearly impinges on this service, or where the nature or effect of the

problem warranted a community's concern, this would clearly be an appropriate province for the caseworker. However, where the problem had no conceivable connection with the service, it would require considerable casework skill to determine whether it should be raised for discussion.

Some of the greatest difficulty in understanding the caseworker's role in homemaker service occurs where families appear to need only the assistance of the homemaker. Let us examine then the elements common to any homemaker service case, even those where the process would center only on the use of the homemaker. Since we refer to a community sponsored service, the operating agency's responsibility to both community and clients would be to insure that funds are appropriately spent. The agency needs to define valid procedures and requirements to guide both caseworker and client. Basically, the caseworker assists the client to discover his own strengths and resources, supplementing with the help needed to maintain balanced functioning. Thus through the casework process we can assess a family's needs, in keeping with its capacity for self-responsibility. This basic casework principle safeguards the service as a community service, and conditions the way it is offered and used.

The validity of many requests for homemaker service may be quite clear at the outset, with no need for concern about choice of service. However, inescapable elements in any situation do require the specific skills of the caseworker.

Offering Homemaker Service

In any community supported service there is inevitably some kind of application process which distinguishes it from a private employment situation. Though the procedures are not only to protect the agency, but even more to enable the client to become convinced of his right to service, they may nevertheless seem to him like unnecessary delay. This might intensify the mixed feelings naturally attendant on any request for help. Since the agency realistically does have the power to give or withhold service, a fam-

ily might well experience anxiety. This would need to be understood and handled.

Since the goal of homemaker service is to strengthen the family, we must view it as a service to all family members, concerning ourselves not only with the person who applies, but also reaching out and appropriately involving the other close adults, such as the father, other relatives, or older children who might be carrying some responsibility for the family. Where the mother is available, she may have guilt over her breakdown and desire to compensate and overprotect her husband and children, without taking into account their needs or capacities. Some fathers may also feel resistance at the outset to being involved in the service. Much diagnostic skill and sensitivity is needed to determine the valid roles for each family member to help them move toward more constructive functioning as a unit.

Since homemaker service may be needed by families at any economic level, we need to consider a fee requirement based on a sliding scale. Some current services are given only where the family can meet the full cost of the homemaker's salary, but even here administrative costs are usually met out of community funds. Since most families using the service can afford only a partial fee, homemaker service is a form of indirect financial assistance. This entails consideration of both realities of and psychological reactions to the meaning of money that we have come to know so well in services such as child placement and public assistance.

Where the basis for homemaker service is a medical or psychiatric condition, reports, with the client's consent and participation, from the attendant specialists involved are essential. The need to share this kind of intimate, personal information might stir various reactions in the client, and possibly activate some of the inner feelings about his illness. Yet such reports are part of the basis for determining the kind and extent of help needed.

The hours and duties of the homemaker should be arrived at by the caseworker with the family. Where homemakers are paid by

the day or week, there can be a tendency to set up hours and duties mechanically, based on a blanket definition of the homemaker's job, instead of establishing them through casework evaluation of each family's needs. Thus, even though a homemaker is paid for an eight hour day, it might be more constructive during a given period for the family to have fewer hours of service. It could be a better use of the community's funds to have a full-time worker serve the family part time rather than to jeopardize a family's fullest use of its own capacities.

Caseworker as Coordinator

The caseworker serves as coordinator and liaison between family, homemaker, and anyone else helping the family. He can prepare the family for the homemaker assigned to them, help them prepare the children, and prepare the homemaker for the specifics of the assignment. Thus the caseworker should share with the homemaker those aspects of the application process pertinent to the homemaker's own functioning with the family. This might include an understanding of the specific aims of the service for each family. Psychological aspects as well as household tasks should be reviewed throughout the assignment. The caseworker has a supervisory, teaching and supportive role with the homemaker. The family might require help with their reaction to the intimate relationship involved in accepting the homemaker. The caseworker plays a part in dealing with the many complex interrelationships between family, agency, caseworker and homemaker inevitable in the use of homemaker service, and with related problems.

Just as the initial plan for use of homemaker service is based on an evaluation of need, hours and duties of the homemaker, family responsibilities and fees, so the continuing use of the service should be predicated on continual assessment of changes in some or all of these aspects as the family's situation changes through the help given, as well as through what life itself might do. Changes include the crucial question of tapering off and eventually ending the service.

The decision to terminate is significant whether the family needs no further help, or another service needs to be considered. This does not mean that every ending is necessarily a complex process. Were a family quite ready to resume its usual functioning without further assistance, the termination could be handled simply by the caseworker in recognition of such readiness. However, in other instances, giving up the service may have many inherent difficulties, some due to the very nature of homemaker service, such as the danger of feeding into dependency or other neurotic needs. Casework safeguards the constructive use of the service.

In reviewing these changing realities and psychological factors in homemaker service, from application through ending, it becomes evident that the family and participating specialists cannot alone carry responsibility for appropriate use of this community sponsored service. The caseworker is needed to administer the case as a whole. We have identified the elements of any homemaker service case, including those where the only need is the service itself. Where the family is taking the precipitating need and use of the service in its stride, the purpose of the service can be to maintain the family's former equilibrium. The essential goal would have been fulfilled whether or not there is psychological change. We do know from experience that though it is not the basic aim, some clients do change psychologically through the casework process focused on tangible service. In addition to the direct help of the homemaker herself, there can be a therapeutic experience through the relationship with the caseworker, who deals with the client's feelings and reactions to various elements in the use of the concrete service. The results might be inner change and a shift in other significant relationships.

Varying Goals of Service

We might agree then that some families need only that form of casework which centers on administration of the homemaker service itself. There is no implication of personal or family problems, other than the

existence of the precipitating need for service. However, in many families the impact of the crisis which creates the need does result in considerable inner upset and confusion, which have direct bearing on the service requested. The goal of the service here should include concern with related problems and relief of tensions. Thus, the client's problems, along with the components in the service itself, would unavoidably be the concern of the caseworker, and the casework process would of necessity have psychological meaning for the client.

For example, many families request homemaker service at a time of breakdown, with an overwhelming sense of problem. Often the expression of need is confused; the specific request may not be valid. A primary consideration would be whether this service is the most suitable plan. Part of the skill required is not to consider a request literally.

Homemaker service might be seen as the most acceptable in a cultural sense, apart from psychological implications, and may thus at times be deemed more desirable, although placement is more feasible. In such situations a family might need considerable help with appropriate planning. Through consideration of the different elements involved in homemaker service, the caseworker might arrive at a diagnostic understanding of the family, and help them to evaluate whether it is this service they want or need. Together they can assess what the plan should be within the realities of services available, perhaps leading the client to greater self-understanding. A similar psychological process can continue throughout the service, including the ending and possible follow-up.

Still another aspect of casework in homemaker service is the emergence of personal or family problems in the course of service. Some of these problems might otherwise never have been recognized by the family itself, or come to the attention of a community agency. It is here that the caseworker faces the greatest challenge, and where we seem to find much confusion. This kind of situation requires the utmost skill and sensitivity.

Since the caseworker's acknowledged func-

tion here is to administer the homemaker service, her first responsibility would seem to be to determine whether the given problem relates to this service, and might possibly jeopardize its value. In addition, a social worker in any situation has the responsibility to determine whether a problem might be of a socially unacceptable nature. If, for example, the welfare of children or any other helpless individual were concerned, the caseworker would clearly have to deal with the problem, discussing with the client whether he could use casework help to achieve some resolution of the difficulty. Should a client be unwilling or unable to effect necessary change, the worker might have to consider whether or not the service should be initiated or continued, or whether another plan might be indicated. Where a client persists in remaining in a situation which would cause community concern, the caseworker would have to determine the extent to which the agency should or can pursue the problem. This would require considerable thought in deciding the extent and form of responsibility which the community should take on behalf of children.

Handling Unrelated Problems

The approach would be quite different however were the problem unrelated to the homemaker service, with no jeopardy for the children, family members, or others in the community. Here the worker would need to assess carefully whether it would be appropriate for him to touch on such a problem, considering the psychological implications.

Some clients might develop greater readiness to face hitherto unrecognized or unacknowledged problems. Through the caseworker, they might also become aware of services formerly unknown to them. Most significant of all perhaps might be a growing sense of what a casework relationship can mean, which might move them to reach out for professional help. Where it does seem feasible for the caseworker to initiate discussion of unrelated problems, unless the problem involves community concern the final decision as to whether or not to seek help should rest with the client himself. Since this

decision would not affect the current service given, the fundamental goal of homemaker service could still be realized, no matter what a family decides with regard to seeking help for the unrelated personal problems.

Should the client decide to seek help, it could then be made available in an appropriate setting, whether in the same agency or another, depending on the existing services. The additional service needed might be still another tangible service, such as placement, or the client may need direct casework treatment or counseling for personal or family problems.

Summary

We have examined the professional core of homemaker service which includes both the caseworker as administrator of the service, and the trained homemaker. We have delineated the components of the casework process inherent in homemaker service, extracting three possible aspects. The first is the process intrinsic to the service itself; the second, the process surrounding problems related to the precipitating need for the service; the third, the process involving personal problems which might emerge in the course of the service. These three aspects of casework possible in a tangible service differentiate it from those counseling cases where the client's request is for psychological change. A clear understanding of distinctions among these different forms of casework might result in a firmer conviction about homemaker service as a casework service. Our standards would then be markedly raised, making our investment and efforts in child welfare more meaningful and productive.

New League Member

By vote of the Membership Committee, the following agency was admitted to full League membership on June 4, 1958:

Springfield Day Nursery
103 William Street
Springfield 5, Massachusetts
Mrs. T. W. Merriman, Executive Director

A DAY RESIDENTIAL PROGRAM FOR THE DISTURBED PRE-SCHOOL CHILD*

Augusta Selligman

Supervisor, Psychiatric Social Work
Child Development Center
New York City

To understand the purposes and methods of day residential care, we need not only to differentiate it from other programs, but also to consider who can profit from it and how it should be organized.

DAY CARE has long outgrown its origin as a place of custodial care. While still meeting the social need for which they were founded, day care centers have incorporated present-day child care practices. We at the Child Development Center believe that day residential care can also be a tool for helping the emotionally disturbed pre-school child.

Day residential care can be the treatment of choice for specific disorders of early childhood. It should be viewed as a significant contribution in its own right, and not only as an alternative to some more drastic procedure such as hospitalization.

The developmental disturbances of one group of children can clearly be traced to conditions in their environment. This is particularly true for the pre-school child, whose normal dependence is such that he still lacks any real separation from the environment, and a constant process of interaction goes on, affecting his growth and development. Therefore, with this age group we make the environment part of the treatment plan. We postulated that the creation of a therapeutically effective environment would aid in repairing some of the damage and in promoting further growth. This plan offers more than child guidance, out-patient, or private therapy, which traditionally limited itself to changing these conditions through guidance or treatment of parents, and if necessary, treatment of the child. The nursery school is itself an ameliorative factor which supplements and reinforces individual and family treatment.

Operation of the Development Center

The Child Development Center serves children with pre-neurotic or developmental

disorders and their families, through a specialized nursery school program, individually adapted techniques of child therapy, and guidance or therapy for parents. Research in many areas of child development, and training of various professionals who work with young children, have always been an important part of this program. Its laboratory aspect has made for emphasis on selectivity, experimentation and innovation.

The nursery school has a capacity of thirty children between the ages of three and six divided into three groups, approximately by chronological age, of ten each. There are two teachers for each group, a higher teacher ratio than the ordinary pre-school educational program has, but less than must be provided for acutely disturbed or actively psychotic children. This provides for an intimate pupil-teacher relationship, while maintaining opportunities for group friendships and activities among the children. The school is in session five days a week from 9 A.M. to 1:30 P.M. It encompasses the usual range of nursery school activities: indoor and outdoor play, trips, projects, eating, rest periods, and physical routines.

Children are selected for the nursery school only after careful study of the child's problems and development and family history and background; evaluation of the child's and family's strengths and pathology from a clinical, social and educational point of view; and formulation of projected treatment plans. This is done through a series of interviews with both parents and any parent substitutes, individual and group observations of the child, psychological testing of the child and occasionally of parents, medical and school histories, and observation in the home. The decision to admit a child is based on the pooled opinions of social worker, teacher,

* Given at CWLA meeting, National Conference on Social Welfare, Chicago, on May 13, 1958.

psychiatrist and psychologist, who determine both whether the child and his family seem potentially good candidates, and whether the child can fit into an already existing group in a mutually beneficial way.

At the point of acceptance, a treatment plan for the child and his family, including the extent and intensity, is worked out, subject to continuing revision as further knowledge may alter initial plans. Various combinations of treatment plans exist. In all instances, we maintain regular contacts with both parents through individual interviews; we have been generally successful in involving fathers as well as mothers. Educational and therapeutic groups have also been offered to some parents. Individual therapy is provided for about two-thirds of our children.

Perhaps Billy Sampson and his family will illustrate our first assumption that one must provide part of the child's environment to help him.

The Sampsons came to the center when Billy was four and one-half. The parents complained about his babyish speech, shyness, alleged intellectual backwardness, and rivalry with his eight-year-old brother. Study revealed that both parents transmitted their own early deprivations and continuing sense of inadequacy in their child-rearing methods. Mrs. Sampson was over-anxious, over-indulgent, tense, nagging, and an impulsive and capricious disciplinarian. Mr. Sampson was harsh, bullying, derogatory. Both parents subtly incited and provoked tensions, rivalry, and competition. In an earnest attempt to do right by their children, they tended to direct and teach them in a very dogmatic way.

We saw Billy as a child who was developing in the direction of neurotic character formation. While shy and aloof with children and adults, he seemed to want to form relationships, as seen by his close observations of the group while remaining an outsider. On psychological tests his intellectual functioning was superior, but he showed much anxiety and inhibition in learning. Participation in the nursery group offered him, for the first time, a chance to be with adults whose expectations of him were more in conformity with his capacities. Knowing that his detachment resulted from being pushed too much, the teachers were able to use this knowledge in the nursery in an organized fashion, help-

ing Billy cope with obstacles that had hindered him before. Daily contacts with children his own age gradually helped him assess his own abilities more realistically. Concomitant with the growth of his self esteem his speech improved and other immature responses lessened. Billy had always shown persistent effort at mastery, and in the less competitive, less pressured atmosphere of the nursery he was able to use this quality in a more gratifying way, to value his performance for its own sake. When he graduated from the nursery program, Billy was much more spontaneous, self-confident and educable.

Parents' Participation in Treatment

This brings us to another and corollary part of our first assumption. The participation of parents is essential in the treatment of young children, since they are an integral part of the environment. The younger the child, the greater the parental influence. All of us in this field have been troubled when our efforts to help the disturbed child have been blocked by parental resistance to change. While a certain minimum of cooperation is necessary in our program, we have found that parental modifiability is less crucial if one can directly influence the child's daily life. A careful diagnostic assessment gave us a pessimistic view of Mr. and Mrs. Sampson's prognosis. That they wished Billy to become an easier, more rewarding child, within the limits of their conception of how a child ought to behave, was clear. That they would cooperate in this endeavor, insofar as they were capable, was also evident. But such was their pathology, the rigidity of their functioning, inflexibility of their defenses, sado-masochistic balance of their marriage, that little fundamental personality change could be anticipated. Therefore, our treatment of the parents was limited to guidance and supportive help.

If we try to clarify at the outset the limits of parental involvement in a family treatment plan, we are much less likely to incur disappointing results along the way. We can, on the contrary, by discriminating interpretation geared to the parents' own needs, help

them accept ensuing changes in their child. Though from our point of view such changes may be favorable signs, to parents they can be anxiety and guilt provoking. With the support of his teachers and in the free atmosphere of the nursery, Billy could become more independent and assertive. His father, because of severe authority problems, and his mother, because of her deep characterological need to manipulate and control males, could never have fostered his normal growth needs. His parents could accept his gradual achievement of more age-adequate behavior when they too were given nonthreatening support. While this prevented parental negation of Billy's progress, further reinforcement of his healthy growth processes still had to take place through group and individual therapy.

This kind of supportive help to parents is what any good child guidance clinic supplies. The therapeutic nursery program, however, adds another dimension to our work with parents. Guidance or therapy based on their specific disturbances can be enlarged by the demonstration aspects of the nursery itself. Here parents can actually see what their child, and other children as well, can do and how they do it. The use parents make of their observations in the nursery gives us an additional gauge of their flexibility.

Nursery educators have long recognized that they usually provide for pre-school children their first contact with the larger world beyond the confines of home and family. For the parents too, this first step, with its obvious emotional overtones, can have a significant educational effect. This is further exemplified by Billy's parents. They attributed their worry about his slowness to his inability to count and grasp number concepts, and tell time. Mr. and Mrs. Sampson were only temporarily reassured by the results of the psychological tests, and continued to raise doubts about Billy's capacities. It came as a surprising revelation to them to discover, through their own observations, that none of the five-year-olds in Billy's group had any more advanced knowledge of numbers or clocks.

Not all such learning offers reassurance to parents. Exposure to the nursery group may uncover problems, which once revealed, are harder to deny. If positive steps for coping

with such problems are devised, both in the group and with the parents, the result can be beneficial. Thus, Billy's parents saw the lengths to which his extreme competitiveness drove him: If he couldn't succeed, he wouldn't try, and since to succeed meant to him to surpass his peers, he often eliminated himself from even fairly simple activities. The parents had heretofore used comparisons, often invidious, with his older brother to spur him on to greater achievements, and only after the results of this became grossly apparent did they make some efforts to curb their constant pushing.

Diagnosis

Our assumptions thus far have dealt with the facilitation of treatment afforded by this kind of day residential program. Let us now consider diagnosis. The younger the child, the more difficult it is to arrive at an adequate evaluation. Our usual clinical tools are often too limited to estimate more than gross pathology or to test existing deviations in personality structure. One of the chief sources of information about the pre-school child is the history given by the parents. Since the parents are themselves so much a part of the child's environment, the data they give us cannot fail to be subjective and liable to distortion. We need to know the child's capacity to react differently to different conditions, and his changeability. The nursery group gives us a situation which supplements individual interviews and psychological test procedures. We set up a program in which the child is exposed to other children, to teachers who take care of his needs, to eating, resting, routines, and educational activities. Our study of the child's reactions and a comparison of our observations with the history and other findings gives us additional diagnostic information of inestimable value.

Peggy Bond's case will illustrate our diagnostic procedure.

Peggy was not quite four when her mother came to us complaining of her severe problem of bowel retention, aggressiveness, and negativism. Mrs. Bond's description of Peggy's difficulties was much colored by her own problems, and there was a "history repeats itself" quality to her recital. The mother in her own early years had lost her father; had several placements with relatives and separation from her own mother; had acquired a stepfather and then a little brother. Peggy's life history exactly paralleled her mother's.

In the group Peggy's response in no way contradicted what we had learned from the history, but gave us a view of the impact of these difficult life experiences on her particular personality traits. The teachers noted her too easy separation from the mother; a certain detachment in her relationship to adults; an astuteness in sizing up other children and a desire for their friendship, even when it meant denying her own needs and wishes. There was little evidence of the aggression and negativism cited by the mother, but rather a too easy compliance. Her too mature controls seemed to cost her a great deal in freedom and spontaneity. She showed remarkable facility with materials, but her activity had an intense and driven quality with little pleasure in her unusually good performance. By knowing not only what had happened to her but what she felt and did about it, we were now able to see what she needed and how we could offer this to her.

As already implied, in setting up such a program for everyday living we must rely on other disciplines. A center for pre-school children can take advantage of the contribution of other fields, going beyond the usual clinical set-up. We have on our staff social workers, who take histories and participate in treatment of parents and children; psychiatrists, who carry responsibility for clinical formulation as well as treatment; psychologists, who test and engage in research studies; pediatricians, and educators. Often we refer to team work when we mean only advice and consultation. However through the direct participation of various professionals and through the integration of all interests we arrive at the most beneficial treatment plan.

Value of Intensive Treatment

We have found the educator's contribution particularly noteworthy. The teacher's view of Peggy in a group-educational context pointed up inherent capacities, demonstrated the age adequacy of performance and social behavior, and was concerned with potentialities for growth.¹ We as social workers have had perhaps less experience in integrating our work with educators than with some of the other disciplines. Such a program, in which each professional operates within the limits of his technical training and skills but all share a similar concern with ego-function-

ing and growth capacity, can prove a mutually rewarding alliance.

Our assumptions form a logical foundation for our program. It becomes self-evident that a therapeutic nursery can provide the means for rehabilitation and growth in children, demonstration and guidance for parents, and increased understanding of the pre-school child's physical, psychological and social development. In operation, this requires a discriminating approach to complex problems. Adherence to routine diagnostic and treatment procedures offers little to patients and nothing to the advancement of knowledge. Only in a program that promotes intensive treatment can we evolve creative techniques for specialized problems, varying and modulating treatment approach according to the needs of the individual child. For the child whose primary difficulty is in social relationships, the group program to promote better adjustment may suffice. The presence of early neurotic symptom formation, severe fears, or a marked lag in development are some of the indications for individual therapy. For some of our children who have suffered early deprivation in mothering a special program offers a need-gratifying but non-interpretive therapeutic relationship.

We believe that such a program is best not only for the most disturbed children. A program operating in a neighborhood setting, integrated with other facilities, would offer even more. Any good nursery school can add greatly to our understanding of a child and a day residential program can have general implications for the child welfare field in setting up optimal services for all children. Only as we translate theory into practice and take a total view of a child's health and pathology can we fully help families with young children through the crucial early years.

¹ Dr. Neubauer and Dr. Beller of our staff in a paper presented to the American Orthopsychiatric Association in March, 1956 on the "Differential Contributions of the Educator and Clinician to the Diagnosis of the Pre-latency Child" stress the specific contributions of each to the "psycho-educational" diagnosis of the child. They found that "the educator evaluated ego functions by the child's capacity to learn and develop; that he is future oriented. The clinician focuses on the psychopathology; its dynamics and the reconstruction of the past."

DETERRENTS TO THE ADOPTION OF CHILDREN IN FOSTER CARE*

Bernice Boehm

Director of Adoption Pilot Project
Child Welfare League of America

Highlights and implications of the League's Harbor City study are presented here with the hope that they will be meaningful to many other communities concerned with the same problems.

THERE HAS been a growing concern in the field of child welfare for the large number of children for whom foster care has become a permanent way of life. Many of them have long since lost or have never had meaningful relationships with their own families. Frequently they spend all or the greater part of their childhood in foster homes and institutions where they are subject to the hazards of transfer and change, and where feelings of rootlessness and of being "different" are part of their everyday life. Because of conviction about the importance of providing each child with a home and family of his own, social workers have attempted many new and unfamiliar patterns of adoptive placement, expanding adoption opportunities for an ever-widening group of children. However, in order to do this more effectively it is important to determine the kind of special efforts necessary to carry out adoptive planning for children who are in foster care. We must know how these children differ from those who do go into adoptive homes. Most of all, it is important to know how to foresee and prevent this dilemma for other children who will be coming into foster home and institutional placement.

Early in 1957, a study was begun in a New England town, which we have called Harbor City, seeking answers to the following questions:

"Are there children now receiving care in foster homes and institutions who should be considered for adoptive placement?" "If so, what are the obstacles which prevent these children from going into adoption?"¹

* Summary of a paper given at the National Conference on Social Welfare, CWLA meeting, Chicago, on May 15, 1958.

¹ The study in Harbor City is one of the pilot projects for the nationwide study of children in foster care which the League is now carrying on under the direction of Dr. Henry S. Maas, and utilized many of the pro-

What Did We Find?

The Harbor City study reveals that a large proportion of children in foster care do not have any contact with their own parents. Moreover, most of them, despite their need for permanent, substitute families, differ so markedly from the children who are now being placed in adoption, that adoption is unlikely, unless special measures are taken to modify agency practices and community attitudes. The nature of these special measures, determined by the characteristics of the children who need placement, is discussed later in this article. The Harbor City study further indicates that many of the children who are now "hard to place" would have been adoptable during the early period of agency placement, if a more adequate evaluation had been made of the family situation, and more active measures had been taken and more planning done to carry out adoptive placement.

Obviously, many of the children in foster care should not be considered for adoptive placement, since they are expected to return to their own families in the near future. Many others who do not have immediate prospect of such return nevertheless maintain a meaningful and significant relationship with their own families. Consequently, children who should be considered for adoption must be children without parental ties. For purposes of this study these have been defined as children whose parents have voluntarily relinquished them for adoption, or

cedures and questions which were developed for the larger study. The Harbor City study, like the over-all research project, was financed by a grant from the Field Foundation. The methodology and detailed findings of this study cannot be covered in this brief article. They will be available when the study is issued as a League publication.

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have made no effort to visit or communicate with them for one year or more.

Since the focus of this study is upon adoption, we have included only those children in foster care who were less than fourteen years of age. A random sample of children in foster homes and institutions in Harbor City on September 30, 1956 indicated that approximately 35 percent were children without parental ties. Had we included children in the older age group, the proportion of those in foster care without parental ties would undoubtedly have been much greater. We know that adoptive placement will not be feasible or desirable for every one of these children, but it is also true that it ought to be considered for each of them before we settle upon long-time care in an institution or foster home as a permanent way of life.

Is Harbor City unique in having many children in permanent foster care? Previous studies done in New York and California indicate the presence of large numbers of children who "rarely or never" have any contact with their parents. Statistical reports from many states show that many children remain in foster care for many years, until they finally exceed the age of agency jurisdiction. Is this because we have not made enough effort to strengthen and maintain the child's ties with his own parents? Or, has improvement and expansion of services to children in their own homes resulted in using foster care placement only where there is very little possibility of maintaining family unity? If this is so, do we sometimes cling to unwarranted hopes of reuniting a child and his family, and thus fail to take suitable steps to terminate parental relationships and make permanent plans for the child?

Are These Children Adoptable?

Unfortunately for research purposes, there is no ready way of identifying "adoptability" since this depends on the interaction of many factors, some pertaining to the child, some to his family, and some to agency service. Furthermore, a child who may be considered unadoptable in one community may be readily adoptable in another community, whose

laws and population are different. Consequently, the only way to determine whether these children can be considered adoptable in Harbor City is to compare them with the children who have been placed in adoption there. In order to do this, a random sample of thirty children was drawn from the children placed in adoption during the year immediately preceding the date of our study, and detailed comparison was made between these children and a random sample of thirty without parental ties who had been retained in foster care. Information about the sixty children, secured from case records and interviews with caseworkers and supervisors, covered three major sets of attributes: first, the personal characteristics of the child; second, the characteristics of his family; and third, the services and placement experiences provided by the agency.

Our general hypothesis, then, is that children without parental ties who have been retained in foster care differ significantly from children who have been placed in adoption, and that these differences operate as deterrents to adoptive placement.

The Children—How Do They Differ?

We assume that adoptive parents deem certain attributes more desirable than others; and that, in general, these "more desirable" attributes are the ones which fit in with adoptive parents' desire to simulate as closely as possible the situation which might ideally exist if the child had been born to them. When we look at the characteristics which differ significantly between the two groups of children, we see that this assumption is correct.

Our first significant difference is that of age: The median age of the adoptive group is only five months while that of the foster children is eight years. We find that age beyond the one-year level is a deterrent to adoptive placement, and that the likelihood of adoptive placement for a child of four years or over is very slight. It is important to consider another question: Has age always been an obstacle to the adoptive placement of these children; how old were they when

they first came into agency care? Here we find that half the children now retained in foster care were still under two years of age when they first came into placement; including eleven who came into placement shortly after birth.

Racial distribution, health and intelligence are also factors which distinguish between the children placed in adoption and those retained in foster care. In a community which has about 10 percent of non-white population, we find that Negro children form approximately 40 percent of foster care cases, but only two are found in the adoptive sample. Health discriminates, despite the fact that the overwhelming majority in both groups were free from health problems or physical defects. However, the adoptive children had for the most part "excellent" health, while the foster care children had only "adequate" or "average" health. Similarly, while the great majority of children in both groups were of average intelligence, there were seven in each group who deviated from the average range. In the adoptive group these seven were in the superior range, while the foster care group had six in the dull-normal range and one who was subnormal. It is interesting that no child of less than average intelligence had been placed in adoption, and that in several instances children who now test normal had been kept from adoption because there was question early in placement about the child's intelligence.

The greatest difference between the two groups of children is found, however, when we attempt to measure emotional factors. Symptomatic behavior problems were found among more than two-thirds of the children retained in foster care, but in only four of the children placed in adoption. The types of problems encountered most frequently were school difficulties, hyperactivity, marked fears, and marked withdrawal. However, although it is evident that behavior problems are a deterrent to adoptive placement, we must stop to ask: Have these children always manifested such problems? What was their behavior when they first came into

placement? Since the number of children with such problems as well as the number of problems has more than doubled during placement, we must assume that behavior problems as obstacles to adoption have increased during the period of foster home placement.

A major source of emotional difficulty is found in the child's relationship with his own parents, since marked conflict with respect to such relationships was shown by two-thirds of the children retained in foster care. Many of them have confused feelings of identity, with no clear understanding of their real parentage, and little or no understanding of the reasons for their placement. This was particularly true of the many children who had virtually grown up in foster care.

Determining Adoptability

We have seen that there are many significant differences in personal characteristics between children who go into adoption and those retained in foster care. We have found differences in terms of age, health, race, intelligence and emotional adjustment. Next we devised a procedure for securing adoptability scores for each child, by assigning appropriate weights to each of the deterrent factors. After determining the score which discriminated most accurately between the children placed in adoption and those retained in foster care, we found that only four of the latter cases fell within the adoptability score range. Therefore, although approximately one-third of the children in foster care should be considered for adoption because of lack of parental ties, very few are readily adoptable without treatment measures to change or modify some of the children's characteristics, or a change in community attitudes and agency practices.

Since age is the most extensive deterrent, our first task is that of finding homes for children older than infancy. Closely associated with this is the presence of emotional difficulties, requiring selection of adoptive homes with sufficient flexibility and understanding to accept deviant behavior as well as provision of casework and psychiatric treatment which, we hope, will result in im-

proved adjustment for the child. Health, which looms next largest as a deterrent, implies a need for the carefully planned, individualized medical attention necessary for every child's welfare. Race, our fourth largest deterrent, poses the need for an active, aggressive recruitment policy for minority adoptive homes. The deterrent of intelligence poses the question of whether adoption must be limited to children of normal or better intelligence.

The question of adoptability cannot be determined entirely through an appraisal of the child's present characteristics. We must also ask: Would these children have been more adoptable at an earlier point in their agency placement history, or has placement increased their adoptability? We therefore looked at the characteristics of these children when they first came into placement, and again one year after initial placement, in order to provide a year's period for additional study and evaluation of the child and family. We found that there were thirteen children who would have been adoptable if such planning could have been carried out at the point of intake, and ten who would have still been adoptable after a testing-out period of one year, as compared with four who are now adoptable. The urgency of the task and the problems imposed by delay are starkly evidenced by these findings.

The Families—How Do They Differ?

We know that family attitudes and characteristics influence an agency's plan for a child as well as the child's characteristics, and it is not surprising to find several significant differences between families of children placed in adoption and those retained in foster care. Significant differences in family composition are found in marital status of parents and the presence of siblings. Four-fifths of the children who went into adoption had unmarried parents; but one-half of the children who did not go into adoption were also of illegitimate birth. The adoptive children came primarily from single-child families, while all but four of those retained in foster care had brothers and sisters. The agency and family were frequently reluctant to consider adoption because of this, but many of the children had little or no contact with their siblings.

Children in both groups came primarily from families of lower-class status, as measured by educational, economic and occupational factors. However, the level of social functioning was significantly different for the two groups of families, as were the reasons which led to separation from their children. More than three-fourths of the foster children came from families where there was evidence of severe social disorganization, with frequent occurrence of alcoholism, promiscuity, neglect and abuse, desertion, and imprisonment. Most of these children came into placement as a result of protective action by the community, where the families themselves did not request or participate in placement.

These are the families which have often been described as "hard-to-reach." It is interesting to note the close relationship between the hard-to-place child and the hard-to-reach family. Despite opposition to placement and/or adoption, one-half of the families had no contact with the child subsequent to placement; three additional sets of parents terminated contact within the first year of placement. It is apparent that the use of a testing-out period of one year for evaluating parental relationships would have been tenable in these situations. The families of the adoptive children presented few social problems, and for the most part placement was made through direct request of the family.

Length of placement for these sixty children ranges up to nine years for the adoptive children, and up to twelve years for the children retained in foster care. A comparison between the two indicates a very limited possibility for a child who has been in agency placement for more than two years to go into adoption, and that even the older children who went into adoption were, for the most part, children who had not been in placement for a long time.

We find that there were frequent changes in foster homes for both groups of children. For the child retained in foster care, these changes were further intensified by frequent changes from one caseworker to another.

Implications for Practice

The quality of casework differed markedly for the two groups, and showed far greater

planning and continuity for the group of children placed in adoption than for those retained in foster care. This was particularly true with respect to casework with families. We found that in half the cases there had been no program for working with the families, and that contacts were limited only to arrangements for finances or visiting. In addition, only five of the thirty children in foster care received casework that fully met criteria of adequacy, although it will be recalled that the majority of these were children with emotional problems for whom skilled and consistent casework was strongly indicated. Thus we find that a lack of casework service to children and families is a deterrent to adoptive placement.

The size of caseload and training of caseworkers throw considerable light on reasons for inadequacies in casework with the foster children. The great majority of caseworkers in Harbor City are without professional training, although they do have bachelor's degrees. There was no significant difference between the workers who carried the adoption cases and those carrying foster care cases, but there is a considerable difference in the size of the caseload for the two groups. We find that high caseloads (over 50) are a deterrent to adoptive placement.

The findings of this study have implications for both adoption services and foster care. The need for special measures to expand adoption opportunities for children now in foster care has already been discussed. More adequate casework with children and families is obviously required, and is essential for meeting the needs of all children in foster care, regardless of whether or not adoption is planned. Two further implications which are less obvious, but which have a far-reaching effect upon adequate planning for children in foster care, need to be stressed. These stem from the findings on greater adoptability of the children during the early phase of their placement history, and are based upon the conviction that the most effective service to a hard-to-place child is to prevent his becoming hard to place.

The first of these implications is the overwhelming importance of the element of time. As the child in foster care grows older he begins to manifest many other problems which complicate adoptive placement; place-

ment in foster care for a period of more than two years is the factor which discriminates most highly against adoptability. It is apparent that we can not "wait a while" with impunity, when we plan for children. Agencies should make certain that children do not continue in placement because of inertia or agency pressures. Re-evaluation can take place effectively only when agencies make administrative provision for intensive casework for each new placement situation, with specific requirements for re-evaluation after a period of study and observation not exceeding one year subsequent to placement.

Viewing Family Realistically

Closely allied to this is the need for greater understanding and conceptual clarity about parental functioning. Frequently we fail to perceive underlying strengths in the parent-child relationship and do not work actively toward the goal of reuniting child and family. On the other hand, we frequently utilize the concept of family almost as a slogan, without stopping to determine whether the child and his parents are a family in the true sense of the word. We cling to the hope of reuniting a child with his family where there is no real family, where the parents have never really established a home with one another, and where neither parent has ever shown signs of a positive tie to the child. We fail to make adoption plans for the child of an unmarried mother who states vehemently that she does not want to give up her child, yet does not maintain contact with the child, nor make plans for a future that includes him. In fact we sometimes talk of reuniting a family that was never united.

Our difficulties are particularly acute in working with socially disorganized families whose children are taken into protective placement. All too often these are the children for whom foster care becomes a permanent way of life. If we are to avoid this undesirable solution, we must strengthen our skills in working effectively with this group of families. When necessary, we must be prepared to carry greater responsibility for terminating parental ties and, wherever possible, provide the child with substitute permanent ties.

COMMENT

Zelma J.
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COMMENT: COMMUNITY PARTICIPATION IN THE FOSTER CARE STUDY*

Zelma J. Felten

Associate Director, Foster Care Project
Child Welfare League of America

FROM THIS presentation of the Harbor City Study, you can understand that community participation was essential, both for accomplishing the goals of the research and implementing the findings. The League is interested not only in the findings per se, but also in determining if the second goal—constructive action by the community—can be achieved. Therefore, its purpose is first to determine the conditions under which children remain in or move from foster care; second, to promote action which will eliminate the deterrents to a suitable permanent plan of care for each child. If action based on research as designed here succeeds, we will have made a contribution to the field not only through fact finding, but through establishing a process that will in itself stimulate community action.

One of the primary reasons for designing and carrying out the foster care project was to find the answers to questions about children in foster care which are raised constantly.

Who are the children in foster care? Is there a difference between a child who comes into foster care and leaves it to return to his own family or to go to a permanent home through adoption, and the child who comes into foster care and remains there until he reaches an age at which he can care for himself? Which children move out of foster care? And which children do not? What factors seem to be important in determining this?

If we could find the answers to these questions, we might have a fund of information which would not only help us in planning and evaluating the care children get, but also in identifying questions for further research.

Obtaining Community Participation

With these goals in mind, the next question is, "What are the special considerations and problems in obtaining community participation?"

* Paper presented at the National Conference on Social Welfare, CWLA meeting, Chicago, on May 15, 1958.

One of the most important considerations is that we approach a community and request them to participate in a project which they did not initiate, with a research plan already made, with questions about which they themselves may or may not have any concern. In many communities there might be one or two agencies particularly interested in research for the sake of research or aware of the value of this kind of study for themselves. But such a study cannot be conducted without the full participation of all the child-placing agencies.

The second consideration is the limitation of research, and the fact that this is a study of "what is," and not what should be, or what might be. Agencies are constantly concerned about gaps in services, about unmet needs, because they feel well acquainted with what is. Helping agencies and communities see that an objective, factual look at what is often leads to an answer to their questions is one of the major tasks in presenting research to a community.

Another limitation is that since research is a matter of fact finding and of seeing the complete picture, it will not, in and of itself, present a blueprint for action. To use the facts constructively requires knowledge on the part of the agency as well as community leaders, and an ability to work with others toward a common goal.

This brings us to a fourth factor. We immediately become aware of problems within communities, which though not our province, nonetheless affect the study. The major one is lack of knowledge on the part of leaders in the community, as well as of board members of agencies, about children in foster care and about child welfare agencies. It is the lack of communication between agency staffs and their own board members and among agencies, which sometimes leads to ignorance of other agency programs and hostility among agencies.

A fifth factor is that findings are not compiled on an agency-by-agency basis, but on a community basis. Thus though fundamental questions are identified, responsibility is not placed on individual agencies.

In view of these complex problem areas, why should any community participate in a study of this sort? We rely on the responsibility social agencies have for any efforts which will better the lot of the child, and the Child Welfare League expects its member agencies to cooperate in League research projects aimed at the improvement of services to children, even when a study may not be of immediate concern.¹ One of the positive factors presented to a community is that at no cost we will be doing a survey of foster care facilities, using our own staff and equipment and involving the agencies' staff time as little as possible.

An important consideration for many communities is the contribution they are making to the national understanding of children in foster care. To be the chosen community out of all those which might be selected is rightly regarded as an honor.

Approach to the Community

In Harbor City we used the following approach to secure cooperation to facilitate the research itself, and to stimulate the interest of community leaders in action.

To accomplish our dual goal, we need not only information obtainable from agency staffs and records, but also information about the community, about inter-agency relationships and community planning. We therefore asked the community planning council to co-sponsor this study, giving us access to persons in the community, providing a focal point for the release of the report, and an appropriate body to share responsibility for its use. Under the auspices of the council, a community-wide advisory committee was established, comprised of at least one board member and one staff member from each

agency. We obtained the cooperation of representatives of such allied groups as medical social workers, physicians, lawyers, representatives of non-child welfare service agencies and public health nurses. A lay person was chosen as chairman.

First this committee discussed the procedures, method of the data-gathering and what might be expected from it. Periodically, the members discussed questions which arose during the data-gathering process, the answers to which could be given by persons who knew the community. Some could not be answered, but provoked thought and stimulated further interest in the study. Throughout the study, material on its content was distributed.

A verbal report, primarily of findings, was presented to the advisory committee indicating certain broad implications about services and practice. This group was to decide what significance that information had for Harbor City. While no specific action was taken by the group in regard to future planning the original advisory committee has now become a permanent committee of the community council, continuing to meet to discuss adoption services and services to unmarried mothers.

This brings us to our third basic question: What is required for constructive community action? We know that certain factors are the sine qua non: knowledgeable leadership, interest in evaluation of services and social action, direction as to appropriate action, and possible avenues of approach to it. Many leaders in the field of child welfare are knowledgeable, but are so concerned with the problems of their own agencies that they have no inclination to become involved in improving the services of a total community. It takes a great deal of time to educate the interested persons or groups as to the problems and how to attack them, and even longer to produce constructive results. Studying questions raised by research, changing legislation, changing focus of services, takes dynamic, purposeful inter-agency communication and central community planning.

¹ In the Foster Care Project, 57 agencies are participating plus others which are taking part more peripherally.

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CHILD

EFFECT OF ADOPTION OF FOREIGN CHILDREN ON U. S. ADOPTION STANDARDS AND PRACTICES*

Susan T. Pettiss

Assistant Director
American Branch
International Social Service

Adoption of foreign children by American families is now an integral part of adoption practices in this country, and therefore cannot but affect practice in placing our own children. It is perhaps indicative of expanding horizons in the American way of life calling for expanding social welfare services.

A BIG PLANE settled down on the runway in Seattle, bringing three weary Korean-American "orphans" to their new homeland. Chin Ju was carried off by an excited couple to his home in California. Kim and Lul Ja were transferred with their Korean escort to another plane to continue across the country—Kim to Minneapolis and Lul Ja all the way to New York, where she went readily to the arms of her new father who had come from Florida to meet her. This was the end of many, many months of writing back and forth, spelling out the details of immigration processing and arrangements necessary to unite child and family.

As dramatic as it was, this incident can no longer be considered extraordinary.

Only a little more than ten years ago, just following World War II, the needs of some foreign children, chiefly in Europe, prompted American families to think of adopting them. True, prior to that time orphaned or disadvantaged children were sometimes brought to this country by relatives for adoption, and a few crossed the Canadian border. However, not until refugee legislation was passed in the late 1940's did intercountry adoptions truly grow in popularity. Interest has steadily increased, given impetus by the large numbers of young American families stationed abroad with the Armed Forces for long periods. Many of these couples were deprived of the opportunity to adopt in this country because of their mobility, but they also were moved by the plight of the children, especially in

Japan and Germany, many of whom were illegitimate offspring of American servicemen.

Legislative Action

When it was recognized that country quota restrictions were causing immigration barriers to intercountry adoptions, public demand led Congress to include in the Refugee Relief Act of 1953 a provision for non-quota visas to be issued to 4000 "orphans," adopted or to be adopted by American families before the end of 1956. This number was exceeded by 659, the number authorized to enter the country on a special parole procedure, making a total of 4659 children benefiting from immigration provisions under the Refugee Relief Act.¹

Interestingly, the largest block of the 4000 non-quota visas, 1549, were granted to children in Japan; 90% of these were granted to children adopted in Japan by American families stationed there. It is difficult to estimate the actual number of German children adopted because the immigration quota for that country was not always oversubscribed, so that in addition to the children who received special non-quota visas, perhaps several thousand were granted regular quota visas during this period.

We estimate, therefore, that from 1954 to 1958 approximately ten thousand foreign children were adopted into American families. These statistics underscore the fact that intercountry adoptions are having a

* Presented at the National Conference of Social Welfare, joint ISS-CWLA meeting, Chicago, Illinois, on May 15, 1958.

¹ "Final Report of the Administrator of the Refugee Relief Act of 1953, as Amended," U. S. Government Printing Office, p. 65.

decided impact on U. S. adoption standards and practices. One of the initial effects was to create the need to reconcile these standards and practices with U. S. immigration procedures.

Congress gave the Refugee Relief Office of the U. S. Department of State responsibility for implementing the Orphan Program under the Refugee Relief Act. Regulations drawn up by them in collaboration with the U. S. Children's Bureau and the American Council of Voluntary Agencies for Foreign Service, require approval of the adoption plan by an authorized or licensed U. S. child welfare agency before a child is permitted to enter the United States. Approval is not required when the child was already adopted abroad.

While this was a much sought-after safeguard for immigrating foreign children, it was immediately evident that it would place a heavy demand on already overburdened agencies. In addition to staff shortages and inadequate budget, agencies faced questions about the risks involved.

How could successful placements be made when children and families were of such differing background and language? Who could be sure of the outcome when there was no opportunity for personal observation of the child before he crossed the ocean? Who could assume the financial burden in case there was a breakdown in the placement? How could one get through all the technical and legal complexities of each case?

It is a testimonial to the field of social welfare in the United States that agencies throughout the country, particularly the public welfare departments, did rise to the occasion. With imagination and initiative they have, except in a few parts of the country, met the needs of families desiring to bring in foreign children for adoption. I think we are apt to be critical of our failures and not often enough give ourselves the recognition that is due. In the short time since 1954, agencies have absorbed intercountry adoptions into their service bloodstream. This could not have been accomplished without comparable extension of effort in ISS branches and other social agencies overseas, which demanded even more resourcefulness and real sacrifice in facing conditions of greater hardship.

We have learned a lot in the process. Many of our earlier fears of risks have been dispelled. Of the 1015 children who came into the United States during this period under the auspices of ISS and collaborating local child welfare agencies, there have been only eighteen breakdowns. Two of these were cases not known to us until after the child was with the family. One was a placement disapproved by the agencies involved, but nonetheless carried out by the family, which brought the child from Germany on a regular quota visa. There was slightly more than one per cent of failures in the initial placement. In all of these cases there has either been replacement or, in a very few instances, return of the children to the mother or a close relative in their native country. Although it is still too early to make any conclusive evaluation, we do have a basis for optimism about placements of foreign children in general.

Establishing Agency Responsibility

One of the most significant factors about the Orphan Program under the Refugee Relief Act was the precedent established in U. S. immigration law of the social agency's role in and responsibility for establishing and maintaining safeguards for minor, unaccompanied children immigrating to this country. The final "Report of the Administrator of the Refugee Relief Act of 1953, as Amended," prepared for the Senate Committee on the Judiciary, has a section on the Orphan Program which begins: "The Orphan Program in its essential concept was a harmoniously working combination of immigration and social welfare." It goes on to say:

"The responsibility of considering the backgrounds of natural parents and prospective adoptive parents and the selection of homes for children who were the subjects of adoption was recognized as one which required the assistance of professionally trained and experienced child welfare workers which the voluntary agencies could provide. . . . The Orphan Program under the Refugee Relief Act was completely successful in the attainment of the objectives of the Congress and the Administration. Aside from the new families, new homes and new futures which this program has made possible for over 4,000 destitute children and the happiness brought to many childless American homes, the friendly international relations engendered by America's

helping hand stretched out to these children were a forward step toward better international understanding and lasting peace in the world."

Following expiration of the Refugee Relief Act, the clamor of would-be adoptive parents led Congress to enact further legislation (P.L. 85-316). This law places no ceiling on the number of orphans who may be admitted, and raises the maximum age from ten to fourteen years. Although the terminal deadline is June 30, 1959, it was clear from Congressional hearings that the intent of Congress is to make these measures a permanent part of the United States basic immigration law. In other words, we believe that intercountry adoptions are here to stay.

Under the new legislation, the essential pattern of procedures worked out by social agencies in the past few years remains the same. For children adopted abroad, no social evaluation by welfare agencies is required. For children who are brought to this country for later adoption in United States courts, there is usually a social investigation involving both a local or state child welfare agency and a national voluntary agency with foreign offices or staff to handle the overseas end. There are two major national agencies recognized by the United States Government for this specific program, the Catholic Committee for Refugees of the National Catholic Welfare Conference and the International Social Service, which is non-sectarian in character.² These national agencies maintain a close liaison and are working with the United States Children's Bureau, Child Welfare League of America, and the American Public Welfare Association to continually review procedures and practices in intercountry adoptions.

There are major differences in administration under the new immigration legislation. Responsibility for implementing the Orphans

²The major Protestant agency, Church World Service, has made an agreement with ISS to provide service to Protestant children and families. The United HIAS Service is fully recognized to provide service to Jewish families and children, but the almost complete unavailability of Jewish children for adoption makes the need for this service practically non-existent.

Program was shifted from the U. S. Department of State to the Immigration and Naturalization Service of the Department of Justice. This service has construed the intent of Congress to be that they use their usual investigative methods for checking security and legality of the entry of aliens to determine suitability of adoptive parents. Whereas previously the endorsement of the adoption plan by a recognized national, state or local child welfare agency was accepted as a basis for issuing the child's immigration visa, now agencies *may* be asked for recommendations which will always be only supplementary to the I&NS's own investigation of the adoptive parents and homes. I&NS investigations include an unannounced visit of an investigator to the home, a "neighborhood check" on the family, fingerprinting of all family members and their clearance through FBI files. If a social agency has been involved, information is sought from them and weight given to their recommendation.

We of International Social Service feel strongly that the present I&NS instructions for implementing the Orphan Program should be revised as soon as possible because:

The investigator's visit to the adoptive home and the neighborhood check duplicate investigations made by any authorized child welfare agency involved in a case.

Where a social agency is not involved, responsibility for determining suitability of adoptive parents is vested in investigators who are not competent to make this determination.

The security investigations, including fingerprinting, are not pertinent, and diverge from legal requirements and practices incorporated into state adoption laws.

In recommending return to a procedure based on the approval of authorized child welfare agencies, we must accept full responsibility to provide requested services so that foreign children will not be deprived by lack of agency resources of the opportunity to come to awaiting adoptive homes. This is an agency responsibility not only here in the United States, but also abroad.

Today, couples wishing to adopt a foreign child are often frustrated in their attempt to have a social agency assist them, and decide to go it alone. With the growth of interest in intercountry adoptions, we have unfortu-

nately seen simultaneous growth in methods and measures to accomplish such adoption by short-cuts and in an unorthodox manner. The most flagrant abuse has been the proxy adoption method. Families, lawyers, and certain individuals have learned that under the terms of our present immigration laws it is possible to obtain U. S. immigration visas quickly and without social investigation when a child is already adopted abroad. The prospective adoptive parents, therefore, engage someone in the country of the child's residence to represent them by proxy in a court of that country in order to adopt a child there. The child thus comes to his new family already adopted—sight unseen.

To prevent later maladjustment and, in some instances, tragic unhappiness, we believe aggressive steps should be taken by social agencies and the public to curtail proxy adoption. The Child Welfare League and International Social Service have cosponsored a project to study the extent and effects of this practice.³ Facts compiled on seventy-four proxy adoption cases provide documentary evidence that this method of adoption "represents a long step backward in the development of sound adoption laws."

Abuses under Proxy Adoption

These cases have given documentary evidence that there exists possibilities of physical neglect or abuse of children, failure of adoptive parents to carry through on their legal and moral commitments, and placement of children with persons who may be grossly inadequate to provide care for them. These cases are illustrative:

In a midwestern state, a baby was brought to the attention of a local public welfare department because of neglect. Shortly after the proxy adoption and placement, the adoptive mother had a mental breakdown and was hospitalized as an emergency case. She was presenting dangerous homicidal tendencies, having attempted to choke her husband, threatened to harm the child, and to commit suicide.

A family's adoption request was under study by the Child Welfare Services Division of a western state, when

³Laurin and Virginia Hyde, *A Study of Proxy Adoptions*.

the couple suddenly withdrew. It was learned that they were in communication with someone in Korea who was arranging for them to adopt two children by proxy. The agency was recommending that the home not be approved for placement of a child. The study had revealed that the husband was under treatment for Jacksonian epilepsy, an illness secondary to a gunshot wound in the brain suffered nearly three years previously in an attempted suicide. At that time, he was hospitalized for several months with a diagnosis of severe mental illness. While his epileptic seizures were now controlled by prescribed drugs, the agency could not recommend this couple as adoptive parents.

The proxy adoption report makes a further point about which ISS feels strongly: "The safeguards that are so necessary for homeless children who have lived all their lives in this country are doubly important for children who have spent their earliest years in deprivation or neglect, and then are brought to new parents in a strange country." It ends by stating that "... proxy adoptions not only are a hazard to the protection of children and their adoptive parents, but the very process undermines State Child protective legislation and practices throughout the nation."

The Current Outlook

Now, let's look at the current picture:

What children in foreign countries need American adoptive homes? Why do they need to come here? Why should we extend ourselves to help them when we have children here in need of our help?

First, there is a principle of ISS in inter-country adoptions which we feel cannot be repeated too often! It is undesirable to uproot a child from his native environment and culture and to send him to another country for adoption, unless in his own home country the child is deprived of family life and has little chance of suitable adoption in the near future.

Our agency is now in the process of uniting 465 children with their awaiting adoptive families. Of these, 179 are related to the adoptive parents and 219 are known to the family in one way or another. Only sixty-seven are cases in which we matched a child to an approved family. These 465 children are in twenty-five different countries. The

majority of requests for service, therefore, are from parents who have a related child or one already selected for them.

Adoption is popular in most northern European countries, so that it is rarely necessary for children to be placed outside their own country. The many German children adopted by Americans each year are mostly illegitimate children of American servicemen. German social agencies prefer, however, to make placements with Americans living temporarily in Germany, so that we are rarely asked by them to find families. Great Britain has a law precluding adoption of British children by non-resident aliens. There are some Greek and Italian children in need of adoptive homes outside their countries, because in both countries adoptive laws passed to protect inheritance rights do not permit adoption of children by couples under fifty years of age. The neediest children are the Korean-Americans, especially those of Negro fathers. Although a number of these half-Negro children have been placed there are still some in institutions in the Far East, where they are misfits and often discriminated against. Although we recognize the scarcity of Negro adoptive homes in the United States, we cannot help but consider the meager alternatives for those in foreign countries.

The U. S. Department of State has recently concluded a contract with ISS to establish an office in Hong Kong, to relieve the overburdened orphanages by finding adoptive placements for a number of Chinese orphaned or abandoned children. We have started exploration with Chinese communities in several large American cities, because we felt they would have the greatest interest.

Now for some observations from ISS experience in intercountry adoptions. We have found that motivations of adopting parents differ somewhat from those wanting to adopt children locally. Basically there is the same desire for a child to love and return love. However, parents wanting a foreign child are often moved by the needs of these children as observed or read about. Sometimes they want a child of the same ethnic background,

particularly if they are first or second generation Americans. Others have been unable to get a child locally because there are not enough to go around, they have already adopted one, or have passed the magic age of forty. Newspaper and magazine stories have led some parents to believe that it is quicker and requires less red tape to adopt a foreign child.

Strengths of Adoptive Parents

Whatever the motivation, we have been impressed with the strength demonstrated by adopting parents of foreign children. It has been a reminder that social workers, accustomed to looking for weaknesses in their evaluation, are apt to underestimate the strengths. Parents have been willing to commit themselves to taking children of all ages whom they had no opportunity to see. Often the children do not speak their language, and for the first important period after their arrival there is no verbal means of communication. The health of the children has frequently been poor as a result of malnourishment and improper care. They come from an entirely different setting and culture, so that there is not only an adjustment in relationships to make, but also an environmental one. Many of these children, for instance, have never seen a toilet. They have been deprived of normal relationships in most cases, either cared for in substandard institutions or rejected by one or both parents. Some have had no mothering during their early years. In spite of all of these factors the adopting families have shown an almost amazing understanding, ingenuity, patience, and sensitivity.

We have learned much from the reports of the local agencies during the supervisory period, which has given us more confidence and assurance about the validity of intercountry adoptions. Many agencies remark on the capacity and resiliency observed in the foreign children who have come for adoption. Almost without exception they have blossomed. They rapidly learn the new language, and are responsive emotionally and physically. Their great desire to belong and to win

approval is often reflected in outstanding school achievement. It seems almost miraculous what results a few weeks and months of love and good physical care can produce.

It is difficult to estimate the average age of the foreign children being adopted by American families, as they have ranged all the way from infancy to fourteen years of age. While the majority have been in the pre-school age group, there have been enough in the older group to demonstrate both the desire of parents for children of this age, and the possibility of complete integration of older children into families and communities.

What are the implications of this experience in intercountry adoptions for United States standards and practices? Perhaps we need to look closely at the criteria we have established for suitable adoptive parents to see if a more flexible attitude should be accepted towards factors such as age, housing, income, families with children. More flexibility in evaluating adopting parents might dispel some of the criticism heaped upon social workers by the public. It might also result in a more courageous approach in finding homes for hard-to-place children.

We no longer consider Eurasian children hard to place. Adopting parents and the public in general have proven their willingness to accept these half-Asian children. Now, when we receive letters from local agencies raising questions about the stigma a child might bear in a community, we are apt to wonder how much this is a reflection of the caseworker's own feelings and how much is really that of the community. This is not to say that such considerations can be overlooked. We must wait a few more years to draw conclusions. However, we can at this time re-evaluate the risks involved in adoption of racially mixed children, so that a bolder approach can be used to arrange placements for them. In a world tense with racial and nationality frictions, it has been heartening to see this demonstration of real acceptance of differences.

In conclusion, I would like to make the observation that to date the primary result of intercountry adoptions is that thousands

of deprived children have found families and homes. We have been led to redefine the term "our children," with the recognition that our doorstep no longer ends in this country. Today it extends to other lands. Finally, this wider scope of adoption activity cannot help but enrich our social work knowledge and skill, and be reflected in better service to children and families everywhere.

READERS' FORUM

The Caseworker Works with the Attorney

Dear Editor:

In our state the office of the State's Attorney has been using social workers as witnesses in paternity trials.

Unmarried mothers interested in establishing paternity of their children are referred to the Social Service Department. In an intake interview the social worker considers the woman's problems in relation to basic criteria for action under the Paternity Act. The social worker consults the office of the State's Attorney in doubtful and borderline cases. Cases eligible for court action are eligible for services of the department, and are then transferred to a continued service case load. Interviews which are highly confidential are held with the unmarried mother and putative father. The social worker prepares the individuals for court action, and is concerned with all the problems inherent in unmarried parenthood. During these contacts with him, it is not unusual for the putative father to admit or deny paternity of the child.

In several cases, the State's Attorney called the caseworkers to give testimony during trial. In one, the caseworker was interrogated with respect to the defendant's admission or denial of paternity in interviews conducted with him in the Social Service Department. There was a finding of guilty.

In the other case, the caseworker was interrogated with respect to time, place and

content of the interviews with the defendant. In giving testimony he told of the defendant's statements regarding possible sterility. There was a finding of not guilty and the defendant was discharged. When we objected to the interrogation of caseworkers, the State's Attorney pointed out that he was within the rules of evidence and that he planned to continue this practice in all disputed paternity cases to aid the court in reaching a decision.

We discussed the matter with the presiding judge of the Court of Domestic Relations, who said the State's Attorney was legally correct, and suggested we keep the caseworkers out of the court room and so evade their use as witnesses during trial. Of course, it would be impossible for our department to function if caseworkers were not permitted in the court room. After considerable discussion the judge agreed, as a special favor to us, to prevent the State's Attorney's activity.

As you know, there are constant new assignments of judges and State's Attorneys in the court, and there is nothing to guarantee that another judge or State's Attorney may not attempt to again use caseworkers as witnesses. If the prosecution can use them in this manner in paternity cases, they can do the same in other types of cases under the care of the department. Because we have a good relationship with a particular judge our problem is solved for the present, but this is not a good basis for solving problems such as this.

REPLY BY THE EDITOR

A number of the members on our staff have read and discussed the above letter. Social workers have been deeply concerned with this problem, which reflects the fact that they are not granted the right of privileged communication. When our records are called upon in court actions, and even when we have been subpoenaed, the policy of the social agency is to try to win the cooperation of the attorney, or whoever is responsible for bringing in the social worker, to examine how the problem might best be dealt with. They discuss with him just what he hopes to

accomplish, to see if his purpose can be served better in some other way. For example, in the case you mention, the worker could suggest that he try to help the putative father assume appropriate responsibility toward the girl (if he was involved). In taking the matter up directly with him, the caseworker could tell the putative father that he cannot protect him from being expected to assume some responsibility. He might also have to tell him that, because of the circumstances, he cannot accept certain confidences.

Regrettably our approach is not always successful, and when a record is subpoenaed just for information, we do have to appear, but hold onto the record, reading from it. A statement developed in the Tennessee Public Welfare Manual on this problem might be of interest:

The content of the case record is reserved for purposes for which information is obtained, that is, service to a child and his family.

Each member of the staff is charged with responsibility for the care and protection of the records in the files, in accordance with his particular job assignment.

Each employee who has contact with the case record is charged with the responsibility for not repeating information contained in records for purposes *unrelated* to Department service.

Respect for the individual and for the integrity of his developing personality are of paramount importance in dealing with children. Intimate knowledge about a person should be sought only when that knowledge *can be used for the benefit of the child*. It follows that it can be transferred legitimately only when it serves a similar purpose. In giving service to children, a number of agencies and persons may be involved so that safeguards need to be set up through particular thoughtfulness in conferences and general conversations, both within and without the office, and in care taken of case records.

In 1957 the state of Iowa took the position that with respect to Juvenile Court cases the court wants to help the children. Therefore, though records are considered confidential, it is in line with this policy to permit the court to see those records and use the information to assist children in trouble. In other words, they felt giving information learned in an interview is in itself not contrary to their ethical position. It is the use of that information which should be considered.

Universal Children's Day

October 6 is the date this year for observance of Universal Children's Day, sponsored by the International Union for Child Welfare and UNICEF. On this day, people in many countries will be taking note of the needs of the children of the world and calling upon their governments to deepen their interest, increase their knowledge, and strengthen their support of their own child welfare programs and those of other nations.

The International Union for Child Welfare suggests that our readers could further the observance of Universal Children's Day in communities throughout the United States by helping to stimulate editorials in local papers, and perhaps arranging special observances by such groups as service clubs, women's groups, and churches. The Geneva office of the International Union for Child Welfare, at 1 Rue de Varembe, will be glad to furnish further information.

New League Board Members

The League welcomes the following new board members:

The Honorable Elmer L. Andersen, a member of the Minnesota Senate. He is chairman of the Senate Welfare Committee; chairman of the subcommittee of the Senate Finance Committee which handles welfare appropriations; a board member of St. Paul Community Chest and Council; board member of St. Paul YMCA; and member of the executive committee of the Indianhead Council of the Boy Scouts of America.

Francis T. Carmody, attorney, Whitman, Ransom & Coulson. He is director and member of the executive committee of the Home Advisory Council of New York, Inc., and of the social service auxiliary of the Home Term Court of the Magistrate's Court of NYC; director and member of the executive committee of the Community Hospital, Glen Cove, LI; and president and trustee of Canterbury School, New Milford, Conn.

Theodore A. Jones, Supreme Liberty Life Insurance Co. He is trustee of the Illinois

Children's Home and Aid Society; chairman of the Negro Adoption Project Advisory Committee of the Welfare Council of Metropolitan Chicago; board member of the Chicago Urban League; member of the Budget Committee of the Community Fund of Chicago; and president of the Chicago Branch NAACP.

Mrs. David M. Levy, who is president of the Citizens' Committee for Children of New York City, Inc.; president of the New York Fund for Children, Inc.; board member of International Social Service, American Branch; board member of Youth House; member of the New York State Youth Commission; member of the executive committee, 1950 Mid-Century White House Conference on Children and Youth; member of the American Delegation of the First World Health Organization; and charter member of the NYC Youth Board.

NEWS FROM THE FIELD

*The Attorney's Role in Adoptions**

THE black and gray markets in babies can never be wiped out until adequate services for unmarried mothers exist in every community, according to a group of attorneys who met with the Children's Bureau on May 1 and 2 to discuss the attorney's role in adoptions.

The group also agreed that the attorney should not arrange placement of a child, either at the request of the natural or the adoptive parents. This, they agreed, is more properly the function of a social agency.

The lawyers were in substantial agreement that both as citizens and as members of the bar, they have a responsibility to give leadership to the review of existing laws to see whether they meet the needs of today's society.

Specifically cited as an area of law which needs review is existing legislation in many States on abandonment of children. Conferencees were told that in some States, when children are placed in institutions because

* From a news release from the U. S. Children's Bureau.

they are dependent or neglected, their parents are not considered to have legally abandoned them except in cases of gross neglect or cruelty.

Some parents make no effort to keep in touch with their institutionalized children, even on a yearly basis, the group was told. In some such cases, adoption of the child by interested foster parents could well serve his best interests if legislation existed to bring about termination of parental rights.

The group was told that while the fields of law and social work need to work more closely together in the interests of children and of the community, there is a "tremendous lack of concrete facts" about social situations which affect large groups of children adversely.

The group agreed that the attorney who has an unwed mother as a client has a duty to refer her to casework services or the equivalent of such services if they are available.

BOOK NOTES

Mental Health and Infant Development, edited by Kenneth Soddy, M.D. New York: Basic Books, 1956. Volume I, Papers and Discussions, 308 pages; Volume II, Case Histories, 289 pages.

These two volumes comprise the proceedings of the International Seminar held by World Federation for Mental Health at Chichester, England during a three week period in the summer of 1952. Dr. Soddy was its director. These volumes appear to have three kinds of interest for American readers. First, they record a significant international conference of leaders from France, England and the United States concerned with problems of mental health in relation to infant development. In order to make the conference as concrete and specific as possible, emphasis was placed on collection of case materials from these three countries. A faculty of sixteen outstanding anthropologists, child psychiatrists, pediatricians, psychologists, public health physicians, one psychiatric social worker and one educator were assembled, with more or less equal representation from the three countries. Participants

in the seminar represented twenty-nine countries in South America, North America, Africa, Middle East and Far East. Participants consisted of fifty-one persons, thirty-seven of whom were physicians, and others who represented the other disciplines in the usual mental health team, including public health nurses.

The conference used lectures, films and discussions which presented the main body of material from the three countries, but placed major emphasis on five permanent groups consisting of ten participants and usually three faculty members, who carried on working sessions virtually every day through the eighteen-day period. This more intimate exchange led to development of friendships and mutual understanding which largely surmounted barriers of national origin or language. The several groups, left to devise their own methods and procedures, focused on very different aspects of the total subject, so that the conference yielded a wide range of conclusions and suggested methods for future use.

The second basis of interest is the scientific material produced by child development centers and child guidance clinics in England, France and the United States. Its scope is suggested in the broad subjects of Part II to VII: Child Development Patterns, Studies of Infant Relationship Formation, Different Cultural Patterns and Technological Change, Social and Community Provisions for Mental Hygiene, Techniques for Changing Social Practices and Studies in Psychology and Neurology and Aids to Education. Each part consists of five or more chapters, with specific material in each instance from France, England and the United States, although the several presentations by Margaret Mead on different cultural patterns and technological change were based on more varied cultures.

Outstanding in the presentations from all three countries is the great variety of patterns of parental care and child development. In all countries there were diverse patterns representing urban-rural differences, social class distinctions, and differences in geography, tradition, ethnic group and other sub-

cultures. Readers holding notions of national stereotypes will be speedily disillusioned, for there seem to be as widely varied practices of child care and patterns of child development within each country as there are between the several countries. One is impressed both with differences and similarities, especially with differences in parental role and social expectations and with similarities in the rate of child growth and ages at which progressive stages in growth are achieved. Running through many of the chapters is an undercurrent of concern about rapid social changes going on everywhere, and their significance for child-rearing practices.

Thirdly, and perhaps of greatest interest to most workers in the children's field in the United States are the thirteen case studies which comprise Volume II. Selected from a substantially larger number which had been collected for the seminar, these thirteen present a truly wide range of cultural impingements and parental and other familial influences upon child growth and the development of personality. Primary emphasis is on normal growth, but some cases present problem behavior and considerable pathology. Most of the cases are about children under four years of age, but a few are longitudinal studies of persons who are now young adults. All of these case studies should not only have value in understanding families

and children whose national origin is English or French, but should increase the reader's appreciation of the great diversity and complexity of familial patterns and other cultural forces which comprise the milieu in which children must live and grow.

Child welfare workers will also be interested in the wealth of material concerning methods of observing and recording data. It is hardly to be expected that caseworkers, foster parents or nurses will abandon their tried methods of giving service, but they can learn much from the careful observations and recordings of child behavior and growth coming out of child development centers and special study projects, the sources of much of the case material presented in this volume.

In summary, these volumes are worth reading from the viewpoint of conference procedure, basic conceptualization of child development and cultural patterns, or as the living stories of children growing up in specific situations which have their own combination of positive and negative influences. Readers are apt to put these volumes down with increased respect both for the devotion and integrity of most parents and for the adaptability and resilience of growing children, in whatever culture.

LUTHER E. WOODWARD, PH.D.

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N. Y. Dept. of Mental Hygiene, Albany, N. Y.

CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads \$7.50 per inch; minimum insertion, \$3.00. Deadline for acceptance or cancellation of ads is eighth of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed.

CASEWORKERS, completely fee-supported, nonsectarian, licensed adoption agency maintaining continuing research program as well as complete adoption services. Liberal personnel practices including agency-paid medical, hospital and insurance plan. Required: MSW and child or family welfare experience; would consider recent graduate without experience. \$4980-\$6900. Beginning salary based on qualifications. Ben Hoffman, Executive Director, The Adoption Institute, 1026 S. Spaulding Ave., Los Angeles 19, Calif.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance, child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary \$4572-\$6384 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 855 S. Figueroa St., Los Angeles 17, Calif.

CHIEF, CHILD WELFARE SERVICES. Administrative supervision of adoptions, child welfare services, crippled children services, foster home licensing. Required: MSW plus 5 years' experience, 2 years of which must have been in supervisory capacity, including some administrative responsibility. \$559-\$679 per month. Child welfare services worker also needed. Required: 1 year's graduate social work study. Experience desirable. \$438-\$483 per month. Contact County Personnel, 403 Civic Center, San Diego, Calif.

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SENIOR ADOPTION CASEWORKER, special position starting demonstration program in Broward County (Fort Lauderdale), immediately north of Miami. Position considered to have supervisory status because of need for experienced caseworker also skilled in community relations. Required: MSW and experience in child placement in recognized agencies, particularly in adoption placement and adoptive homefinding. Salary open, based on qualifications. Walter R. Sherman, Executive Director, Children's Home Society of Florida, Box 5587, Jacksonville 7, Fla.

CASEWORKER, woman, for small residential program for adolescent girls. MSW required, experience in treatment of emotionally disturbed children desirable. CWLA member, psychiatric consultation, good employment practices. Salary \$5400-\$6756, starting salary dependent on qualifications. Write Ella K. Reese, Director, Rosemary Cottage, 3244 E. Green St., Pasadena, Calif.

CHILD WELFARE WORKERS for fast growing southern California county. Opportunities in adoption unit included. Worker I (\$4650-\$5520) requires 1 year of graduate study in social work. Worker II (\$5004-\$5796) requires 1 year of graduate study in social work and at least 1 year's experience. Highly qualified professional supervision. Paid vacation and sick leave, part-paid health insurance, other benefits. County Personnel, 236 Third St., San Bernardino, Calif.

SAN FRANCISCO, CALIFORNIA: openings for professionally trained family and child welfare caseworkers in large, multiple-function agency with professional staff of 56. Grade I to \$5592; Grade II to \$6192; Grade III to \$7236. For further information and description of grade qualifications write: Executive Director, Catholic Social Service of San Francisco, 1825 Mission St., San Francisco 3, Calif.

CASEWORKER for foster home service, child care agency. Good personnel standards, Social Security and retirement, psychiatric consultation. Requirements: MSW, some experience preferred. Salary scale \$4500-\$6768. Favorable location, 70 minutes from New York City. Write: Executive Director, Woodfield Children's Village, 1899 Stratfield Rd., Bridgeport 4, Conn.

CASEWORKERS in private, non-sectarian, statewide, multiple-function agency. Small case loads, excellent supervision, student training program, psychiatric consultation. Openings in newly established protective service unit and in child placing. Social Security and retirement. Requirements: Master's degree social work. Salary \$4500-\$6600. Initial salary based on qualifications. C. Rollin Zane, Executive Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.

CASEWORKER, Master's degree. Work in coordination with other professional disciplines in residential treatment center for emotionally disturbed children. Part of total agency work that includes adoption, foster home, protective and family services. Supervision and psychiatric consultation integral part of total treatment program. Excellent personnel practices. Salary range \$4500-\$6600, starting salary dependent on experience. Miss Ruth H. Atchley, Resident Director, Children's Village, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.

CASEWORKER in family and children's agency, providing family casework, child welfare services, foster home placement, and adoption. Good personnel practices. Requirements: MSW. Salary \$4260-\$5820. Social Security and retirement. Rev. Joseph P. Rewinkel, Associate Director, Diocesan Bureau of Social Service, 259 Main St., New Britain, Conn.

CASEWORKER in family-children's service agency providing family casework, specialized services to unmarried mothers, child placement and adoption. Salary comparable with good practice. Social Security and retirement. Write Miss Jane K. Dewell, Executive Secretary, Catholic Social Service Bureau, 478 Orange St., New Haven, Conn.

CASEWORKER: Opening in multiple-function Catholic agency in a small community. Salary range consistent with good agency practice. Write Director, Diocesan Bureau, 42 Jay St., New London, Conn.

CASEWORKER (1), graduate training for small Catholic agency within commuting distance of New York City. Immediate opening. Multiple services. Salary range, starting \$5000 with regular increments. Retirement. Psychiatric consultation available. Apply Miss Mary C. Coughlin, Executive Secretary, Catholic Charities, 78 Elm St., Stamford, Conn.

CASEWORKERS (2) in private, statewide child care agency providing services to parents and temporary boarding care and adoption placement for children of any race and religion. Openings in adoption and intake departments. Excellent personnel practices including Social Security and retirement; good supervision and psychiatric consultation. MSW required. Salary \$4000-\$6000; beginning salary based on experience. Miss Elizabeth S. Townsend, Executive Director, 1310 Delaware Ave., Wilmington 6, Del. Telephone: OLYmpia 8-5177.

CASE SUPERVISORS, supervise staff of workers in public assistance or child welfare services. Pleasant working conditions; 35 hour week, 4 weeks' vacation, liberal sick leave, car furnished where needed, all expenses paid on agency business. Opportunity for advancement; 2 years' social work school and 2 years' full-time professional employment in family or child welfare agency required; \$4950-\$6440, can appoint at \$5546. Good state retirement plan integrated with Social Security. Miss E. Kathryn Pennypacker, Chief, Bureau of Social Services, State Department of Public Welfare, Box 309, Wilmington 99, Del.

MIAMI—CASEWORKER in interracial, nonsectarian child-placement agency offering foster care and adoption services. Requirements: Master's degree social work school. Interest in treatment of disturbed children an asset. Psychiatric consultation available. Salary \$4000-\$6000. Appointment salary dependent on experience. Write Mrs. Margaret Harnett, Executive Director, Children's Service Bureau, 395 N. W. First St., Miami, Fla.

FLORIDA — ADOPTION HOMEFINDERS and SUPERVISOR. Positions in 2 urban communities for fully trained caseworkers and senior caseworkers with child placement experience including supervised experience in adoption placement and adoptive homefinding. Private statewide agency. Some jobs require travel in state which is hard to beat for climate and beauty. Salary to match qualifications. Walter R. Sherman, Executive Director, Children's Home Society of Florida, Box 5587, Jacksonville 7, Fla.

MIAMI, FLORIDA. Young, rapidly expanding community in tropical climate offers ground-floor opportunities. Caseworkers needed for small agency providing services to unmarried mothers, family counseling, foster home care, and adoptive placement. Master's degree required. Salary range: \$4000-\$6000. Social Security. Write Rev. Bryan O. Walsh, Catholic Charities Bureau, Inc., 395 N.W. First St., Room 207, Miami 36, Fla.

ST. PETERSBURG, FLORIDA. Caseworker in children's division, multiple-service agency. Minimum qualifications: 1 year's graduate training plus 1 year's experience. Salary \$4080-\$5520, \$240 annual increment. Can start at \$4560. Apply Family and Children's Service, Inc., 440 Second Ave. North, St. Petersburg, Fla.

ADMINISTRATIVE ASSISTANT — program responsibility residential home serving 60 boys and girls, grade school age. Professional, administrative and casework staff. Weekly psychoanalytic consultation. University of Chicago field work unit. MSW in group work or casework required. Must live in. Apartment provided. Salary open. Miss Adriana Bouterse, Executive Director, Chapin Hall, 2801 Foster Ave., Chicago 25, Ill.

CASEWORKER — To be third worker in well-established, dynamic residential treatment center, capacity 22 children, ages 6-12. Highly skilled supervision. Consultants, Dr. Irene Josselyn and Dr. Harold Balikov. Living quarters and board at cost. Located 30 miles north of Chicago. Can appoint fully trained person in range of \$4300-\$5000; revision of this range now being considered. Franklin R. King, Executive Director, Ridge Farm, 40 E. Old Mill Rd., Lake Forest, Ill.

EXECUTIVE DIRECTOR. Master's degree in social work; experienced in family and children's services. Private agency with well-established children's program; beginning family services. Salary dependent on qualifications. Progressive personnel practices: National Welfare retirement, Social Security, Blue Cross. Write Mrs. Ralph W. Haskell, 440 Second Ave. North, St. Petersburg, Fla.

DIRECTOR OF SOCIAL SERVICE, M.S.W. plus 3 years' child welfare experience. Protestant agency serving 50 dependent children in institution and 30 in foster homes. Supervise agency's 3 caseworkers and case aide. Psychiatric consultation; psychologist on staff. Agency 50 miles northwest of Chicago and 50 miles southwest of Milwaukee. Salary \$6500. Apply Jack Breakstone, Executive Director, Central Baptist Children's Home, Lake Villa, Ill.

SPECIALIZED GROUP CARE FACILITY, heavily endowed, needs imaginative, creative, resourceful caseworker to help develop treatment services. Capacity 25 children. Coordinated program with Child and Family Service (CWLA, FSAA); psychiatric consultation. Located in pleasant residential section of large, attractive university city in Illinois river valley, 150 miles from Chicago. Minimum requirement MSW. Salary open to negotiation. "Living in" not expected. You will be working with: Konrad Reisner, MA, Bryn Mawr College School of Social Work, Executive Director; Walter P. S. Chun, MSW, University of Michigan, Superintendent; Miss Mary M. Caven, MSW, University of Pennsylvania, Casework Supervisor. Konrad Reisner, Executive Director, Children's Home, 2130 N. Knoxville Ave., Peoria, Ill.

CHILD WELFARE WORKER for small, heavily endowed agency. Residential treatment of school-age children; capacity 25. Coordinated program with Child and Family Service (CWLA, FSAA); psychiatric consultation. Located in pleasant residential section of large attractive university city in Illinois river valley, 150 miles from Chicago. Minimum requirement MSW. Liberal personnel practices, Social Security and retirement. Starting salary to \$5000. For experienced workers, salary negotiable. Write Konrad Reisner, Executive Director, Children's Home, 2130 N. Knoxville Ave., Peoria, Ill.

SUPERVISOR and CASEWORKER in private family and children's agency providing counseling, foster care, adoption and homemaker program. Member agency CWLA and FSAA. Supervisor's salary \$7200-\$10,200; caseworker's salary \$4740-\$8500. Can appoint above minimum depending upon qualifications. Minimum requirements for caseworker, MSW; for supervisor, MSW plus supervisory experience and administrative ability. Social Security and retirement. Write Leon D. Fisher, Executive Secretary, Family and Children's Service of Ft. Wayne, 2430 Fairfield Ave., Ft. Wayne, Ind.

SCHOOL SOCIAL WORKERS for casework in public school settings; focus on children's social and emotional problems. Positions open in communities throughout the state; supervision in some districts. Selection of worker made by local school district upon certification of academic background by state consultant. Requirements: MSW in social casework; teacher certificate preferred but not necessary. Salary \$4000-\$6500 for school year of 9-9½ months; appointment salary dependent on local teachers' salary scale. Tenure and retirement plan same as teachers'. Car allowance varies according to local regulations. John C. Nebo, State Consultant, School Social Work, 400 S. Western Ave., Park Ridge, Ill.

CASEWORK SUPERVISOR for Protestant agency offering complete welfare services, including institutional, foster home and adoption placement, and services to unwed parents. Challenging position. Agency expanding services; 1 caseworker on staff now, will add others as program develops. Qualifications: at least 1 year's graduate study, including supervised casework in the field, plus 3 years' paid social work experience, 2 of which should have been supervised casework in a child-placing agency. Second year of graduate work or Master's degree, including supervised casework in the field, may be substituted for 1 of the 2 years' paid work in child-placing agency. Salary about \$6000. Rev. John W. Heistand, Superintendent, Fort Wayne Children's Home, Box 2038 Station "A," Fort Wayne 3, Ind.

CASEWORK SUPERVISOR for small, recently integrated multiple-function family and children's agency, CWLA member, emphasis on marriage counseling and parent-child relationship. Full time boarding care, group care center for teen-agers with problems, day care. Professionally trained staff, psychiatric consultation. Progressive personnel practices, National Welfare retirement, Social Security, Blue Cross, four weeks' vacation. Requirements: MSW plus 5 years' experience under trained supervision including 2 years' supervisory experience, preferably in both family and children's work. Salary range \$6500 to \$7200. Write Mrs. Sarah Snare, Director, Family and Children's Services, 864 Olive St., Shreveport, La.

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CASEWORKERS (2), 1 for adoption, 1 for undifferentiated case load. Voluntary, statewide, nonsectarian agency. CWLA member. Foster home, group home, institutional placement; unwed parents; adoption. Expansion 1958 requires additional staff. MSW required. Adoption job requires some travel. Iowa Children's Home Society, 2203 Grand Ave., Des Moines, Iowa.

CASEWORKERS I AND III for multiple-function family and children's agency, CWLA member, to work with children and their parents in own homes, foster homes and group care center for adolescents with problems, and day care center. Good supervision, psychiatric consultation. Progressive personnel practices, retirement plan, liberal vacation. MSW required. Salary scale \$4500-\$6100; appointment within scale dependent upon experience. Mrs. Sarah Snare, Director, Family and Children's Services, 864 Olive St., Shreveport, La.

CASEWORKER, to carry case load of specialized service and foster care for troubled children as part of service of multiple-function agency serving progressive and rapidly growing county. Requirements: MSW and experience in children's services. Excellent personnel practices, Social Security and retirement plan, good supervision, psychiatric consultation. Salary commensurate with qualifications. Write Mrs. C. A. Williams, Children's Aid and Family Service Society of Baltimore County, 105 E. Joppa Rd., Towson 4, Md.

NEW CASEWORK SUPERVISOR POSITION, new agency in fascinating community. Family and children's agency recently merged and with strong community support needs capable casework supervisor with MA and experience in family and children's fields; psychiatric consultation available. Starting salary \$6000; Social Security and retirement. Carroll Marchand, Executive Director, Family & Children Service of Berkshire County, Inc., Box 133, Pittsfield, Mass.

CASEWORKER for private nonsectarian foster home placement agency. MSW desired. Salary range \$4900-\$6400. Opportunity for supervisory experience for qualified worker. CWLA member. Social Security and retirement plan. D. A. Blodgett Home for Children, 805 Leonard St. N.E., Grand Rapids, Mich.

DIRECTOR CASEWORK SERVICES: child welfare agency providing adoption and unmarried mother services, supervised foster home care, and residential group care in agency's own cottage style institution. Staff includes 2 supervisors and 9 caseworkers; regular psychiatric consultation. Responsibilities include overall planning, coordination and direction of social services. CWLA member. Progressive personnel practices and retirement provisions. Salary range \$6200-\$7900; starting salary dependent upon qualifications. Clayton E. Nordstrom, Executive Director, Methodist Children's Home Society, 26645 W. Six Mile Rd., Detroit 19, Mich.

SUPERVISOR, child - placement agency specializing in foster home care, services to unwed mothers and adoption. Salary range \$5800-\$7000. MSW and experience required. Agency recently completed new, modern, air-conditioned clinic-office building. CWLA member. National health and welfare retirement and Social Security. D. A. Blodgett Home for Children, 805 Leonard St. N.E., Grand Rapids, Mich.

CASEWORKER — nonsectarian, multiple-function agency. Program includes counseling marital problems, parent-child relationships, personal adjustment, children in own homes. Also child placement and care, services to unwed mothers, adoption, travelers' aid. Caseloads diversified. Excellent supervision adapted to individual worker's need. Psychiatric consultation. Liberal personnel practices, retirement. MSSW required. Current salary range to \$6200. Appointment salary commensurate with experience. Write Family and Child Service, 1504 Dodge St., Omaha 2, Nebr.

SOCIAL WORK openings in rapidly expanding State Welfare Department. Vacancies exist for Child Welfare Consultant, \$511-\$617 (headquarters, Reno); Public Welfare District Administrator, \$464-\$562 (Las Vegas); Social Casework Supervisor, \$442-\$536 (Reno); Principal Public Welfare Worker, \$442-\$536 (Elko, Fallon, Hawthorne); Senior Child Welfare Worker, \$401-\$487 (Las Vegas, Reno); Child Welfare Worker, \$364-\$442 (Las Vegas, Carson City). Graduate work required, with some substitution for experience. Residence waived. U.S. citizenship required. For particulars write Nevada State Personnel Department, Carson City, Nevada.

CASEWORKER, MSW in private, nonsectarian endowed child-placing agency specializing in treatment of disturbed children, service to unmarried mothers and adoption. Clinic team provides seminars, psychiatric consultation, diagnosis and treatment. Salary range \$4600-\$6000. Opening soon for trained and experienced caseworker in new demonstration unit of family service. Secondary SUPERVISORY position to open in late summer. Salary range \$5500-\$6500. Write for statement of personnel policies to Mrs. Jeanette H. Melton, Executive Secretary, New Hampshire Children's Aid Society, 170 Lowell St., Manchester, N.H.

CASEWORKER, adoption unit of small, multi-function, statewide Lutheran agency. MSW required. Position open August 1. Salaries begin at \$4800. Can appoint to \$5500 with 3 years' experience. Contact Eugene Krauss, Director, Social Service Department, Board of Christian Service, 540 Capitol Blvd., St. Paul 3, Minn.

EXECUTIVE DIRECTOR for private nonsectarian treatment center for emotionally disturbed school-age children. Opportunity to develop and administer new, dynamic program resulting from current merger of Daniel Webster Home and Golden Rule Farm, New Hampshire's oldest treatment-oriented child-caring institutions. Requirements: Master's degree in social work and prior administrative and practitioner's experience in a group living program. Salary \$7000 to \$9000. Can appoint within range, depending on qualifications and experience. Apply: Frederick W. Griffin, Chairman, Personnel Committee, 77 Market Street, Manchester, N. H.

WONDERFUL OPPORTUNITY for worker with adoption experience in largest private adoption agency in state. Program expanding especially in placement of Negro children for adoption. Requires Master's degree. Salary based on experience and evaluation of work. Located ½ hour from New York City. Write Miss Vinnie van Hoogenstyn, Executive Director, Children's Aid and Adoption Society, 439 Main St., Orange, N. J.

CASEWORKER for DAY CARE CENTER. Interesting and challenging position for mature person who can work without supervision. Qualifications: MSSW plus experience in the field of child welfare. Flexible hours. Suzanne Zimmer, Executive Director, Community Day Nurseries of the Oranges and Maplewood, 60 S. Center St., Orange, N. J.

CASE SUPERVISOR for children's agency providing foster home and group care program, to develop additional casework unit. Requirements: MSW and supervisory experience in child placement. Minimum salary \$5500. Appointment salary dependent on qualifications. Write or phone Frank F. Maloney, Executive Director, Brookwood Child Care, 363 Adelphi St., Brooklyn 38, N. Y.

CASEWORKERS for expanding children's agency providing foster home and group care. Qualified supervision and psychiatric consultation. Requirement: Master's degree social work. Salary range \$4600-\$5600. Write or phone Frank F. Maloney, Executive Director, Brookwood Child Care, 363 Adelphi St., Brooklyn 38, N. Y.

CASEWORKERS, men or women, for foster home care department of multiple-function agency, Buffalo, New York. Salary range \$4000-\$5000-plus, for persons with Master's degree social work. Write: E. M. Gane, Children's Aid & S.P.C.C., 330 Delaware Ave., Buffalo 2, N.Y.

CASEWORKERS, professionally trained, for child placement agency providing foster home and group care. Qualified supervision, psychiatric consultation, student training program. Salary range \$4500-\$6000 depending on experience. Write Miss Evelyn M. Mowitz, Director Social Service, 67-35 112th St., Forest Hills, N. Y.

DAY CARE CONSULTANT, international organization, to develop programs for pre-school children in Morocco, Tunis and Iran. Must have professional qualifications in early childhood education plus experience as administrator or supervisor of day care centers. Experience in teacher training desirable. Work involves training of indigenous personnel and technical consultant on all aspects of day care programs. Knowledge of French desirable or must be acquired. Salary commensurate with experience. Transportation paid to duty station and for periodic home leave. Topnotch person only need apply. Address applications to Mrs. Henrietta K. Buchman, American Joint Distribution Committee, 3 E. 54th St., New York 22, N. Y.

CASEWORKERS, professionally trained for foster home placement program. Plans for expanding in process. Program includes remedial reading education, psychological and psychiatric services. Experience desirable but not essential. Good personnel practices. Social Security. Salary commensurate with experience. CWLA member. Write Miss Mary G. Arnold, THE SALVATION ARMY Foster Home Service, 412 Herkimer St., Brooklyn 13, N.Y.

CASEWORKERS (2) for progressive children's home. Challenging opportunity. Changing from congregate type home to new cottages; emphasis on children with emotional problems. Psychiatric and psychological consultation available. Requirements: Master's degree social work school. Salary \$5000-\$6000. Social Security and retirement benefits. Donald C. Harvey, Executive Director, Children's Home, 1646 Sunset Ave., Utica, N. Y.

ASSISTANT TO HOUSEPARENT, female, for children's home; special training with adolescent girls, 12-16, necessary. Live in, pleasant surroundings. Write Director, Children's Home, Poughkeepsie, N. Y.

CASEWORK SUPERVISOR — multi-function children's agency with residential facility, foster family care and adoption. Master's degree in social work required; child welfare and supervisory experience preferred. Salary dependent upon qualifications. Social Security and National Retirement. For information write Miss Adelaide Kaiser, Director, Hillside Children's Center, 1183 Monroe Ave., Rochester 20, N. Y.

CASEWORKER, professionally trained, experience preferred, for child placement agency providing foster homes, group care and adoption. Good supervision and personnel practices; psychiatric consultation. Salary based on qualifications. For details write Director, Hillside Children's Center, 1183 Monroe Ave., Rochester 20, N. Y.

CASEWORKER, graduate accredited school, for children's foster home agency; experience in children's field preferred. Services include psychiatric, remedial reading, psychological. Good supervision, excellent personnel practices. Salary range \$4500-\$6000, commensurate with experience. Write or phone Miss Virginia M. Whalen, Society for Seamen's Children, 26 Bay St., Staten Island 1, N.Y., Gibraltar 7-7740.

SUPERVISORS (2), CASEWORKERS (3) for newly planned casework units in multiple-service agency: Intake Supervisor for centralized intake unit, 1 worker; Casework Supervisor for group care unit, 3 workers; also caseworker for foster home, unmarried mother and adoption services. Caseworker I, II and III classification with new salary scale and 10 year increment system, beginning \$4600. Consultation and special services. Lutheran Child Welfare Association, 422 W. 44 St., New York 36, N. Y., Rev. Arnold H. Bringewatt, Executive Secretary.

DIRECTOR (Catholic), with master's degree in social work. To assume full charge of small well-staffed home for teen-age girls. Top salary, 4 weeks vacation, ideal living quarters in newly built apartment wing. Lovely suburban location. Position carries responsibility and prestige. For detailed information contact: Mrs. Ray T. Miller, 15970 South Park, Shaker Heights, Ohio. President, Lay Board of Trustees.

CHILDWELFARESUPERVISOR, male or female, supervise caseworkers in public child care agency. Continuous in-service training and staff development program. Psychiatric seminars and consultation. Salary up to \$6600. **CASEWORKERS**, male or female. Service to children in own homes, foster homes, institutions, etc. MSW up to \$5400. BA up to \$4200. Apply: Director, Cuyahoga County Division of Child Welfare, 2210 Cedar, Cleveland 15, Ohio.

ADOPTION SERVICE — Caseworker in family and children's agency. Good personnel policies, psychiatric consultation, student training, retirement plan. Salary range up to \$6500. New, modern air-conditioned offices. Write Howard Hush, Family and Children's Service Association, 184 Salem Ave., Room 120, Dayton 6, Ohio.

CASEWORKER with MSW and practical experience in children's field. Opportunity to help develop better casework program in private congregate children's home serving average of 65 school-age children. Possible salary range to \$7500. Starting salary dependent on experience. Apply to The Children's Home Association, 425 S. "D" St., Hamilton, Ohio.

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CASEWORKER for nonsectarian institution serving moderately disturbed school-age children. Opportunity for advancement as program expands. Requirements: Master's degree social work plus experience. Salary \$5000 and up. Write Leonard Yaffe, Executive Director, Children's Home of Easton, 25th and Lehigh Drive, Easton, Pa.

CASEWORK SUPERVISOR, institution for delinquent boys, to supervise 5 caseworkers working with boys between 8-16 years. \$5520-\$6420. Can appoint within range. Noon meal provided. Windell W. Fewell, Superintendent, The Glen Mills Schools, Glen Mills, Pa.

CASEWORKER, institution for delinquent boys. Casework with boys between 8-16 years. Required: MSW. Partially trained workers considered. \$4300-\$5200. Can appoint within range. Noon meal provided. Windell W. Fewell, Superintendent, The Glen Mills Schools, Glen Mills, Pa.

CASEWORKER, Homefinding Department. Responsibilities include promotional work in community, studies of applicants, close collaboration with other agency services. Agency developing expanding range of specialized homes. Master's degree. Salary \$4300-\$5700. Joseph L. Taylor, Executive Director, Association for Jewish Children, 1301 Spencer St., Philadelphia 41, Pa.

CASEWORKERS for agency giving group care to unmarried mothers. Medical and psychiatric consultation, casework and group work program. Excellent supervision. MSW required. \$4500-\$5600, starting salary based on experience. Mary Lynch Crockett, Director, Florence Crittenton Home of Philadelphia, 6325 Burbridge St., Philadelphia 44, Pa.

CASEWORKERS in family and children's agency. Supervision encouraging development of self-dependent performance; staff study groups; psychiatric consultation; new recording plan; opportunity to participate in research program. Requirements: Master's degree in social work. Salary range for caseworkers \$4400-\$6600. Appointment salary based on experience. Write Mary Ellen Hoffman, Director of Casework, Family and Childrens Service, 4 Smithfield St., Pittsburgh 22, Pa.

PSYCHIATRIC CASEWORKERS, reception center. In-patient and out-patient diagnostic and dispositional services by psychiatrists, psychologists and caseworkers. Social work with patients and families. Short-time contacts. Basic qualifications: graduation from school of social work, salary \$4560-\$5800; with two years' post-graduate experience in agency using psychiatrists and psychologist, salary \$5000-\$6390. Salary above minimum depends on qualifications. Abraham L. Waldman, M.D., State Psychiatric Reception Center, Mills Bldg., 34th St. and Curie Ave., Philadelphia, Pa.

CASEWORKER, private institution serving 50 dependent children in Philadelphia area. MSW required. Psychiatric consultation available. Basic minimum salary \$4500, appointment salary dependent on experience. Harry W. Halbersleben, Acting Director, Orphan Society of Philadelphia, Wallingford, Pa.

CASEWORKER with MSW and practical experience in children's field for developing new social casework program in well-established children's home. Some supervisory work included. Salary \$4400 minimum plus complete maintenance if desired. Beautiful surroundings in country near Reading, Pa. Challenging and varied work with opportunities to develop new program. Psychiatric consultations available. Write the Rev. Garnet Adams, Superintendent, Bethany Home, Womelsdorf, Pa.

SUPERVISOR of CASEWORK SERVICES, starting salary \$5700-\$6480. Two years' graduate social work required. MSW and supervisory experience in child welfare or family agency preferred. Progressive agency in pleasant resort community. Casework staff of 10, excellent board and personnel policies, air-conditioned offices. Write Frank L. Clements, Executive Director, Children's Services, P.O. Box 9217, Corpus Christi, Texas. TU 4-3273.

DIRECTOR OF SOCIAL SERVICES for multiple-service agency, including group care for moderately disturbed boys and girls of school age, child placement program. Modern plant for girls; modern plant for boys proposed. Psychological consultation required: 1 year graduate social work training and experience in child welfare, MSW preferred. Salary: \$4800-\$6000, depending on experience and training. Social Security and retirement. Mr. Arthur A. Klein, Personnel Committee, Valley Children's Services, Box 1224, Harlingen, Texas.

Executive Director

For private, nonsectarian, statewide children's agency providing service to unmarried mothers, adoption, foster home, protective, and emergency shelter care. Professional staff includes executive director, director of casework, 3 supervisors, 16 caseworkers. Annual budget over \$300,000. Professional training and appropriate experience required. CWLA member agency. Write Mr. Carl W. Haffenreffer, Children's Friend and Service, 95 Fountain St., Providence, R. I.

CASEWORKERS and **SUPERVISORS**, in Washington State child welfare program. Caseworkers \$3840-\$4764. Supervisors \$4368-\$5148. Assistant casework director in Seattle \$5184-\$6168. All require graduate training and experience; salaries dependent on qualifications. Vacancies state-wide. Contact: Washington State Personnel Board, 212 General Administration Bldg., Olympia, Wash.

PSYCHIATRIC SOCIAL WORKERS, in residential and child guidance center programs. Many new positions throughout state. Salaries \$4764-\$6732, dependent on qualifications. All positions require graduate school and appropriate experience. Contact: Washington State Personnel Board, 212 General Administration Bldg., Olympia, Wash.

SOCIAL SERVICE FIELD REPRESENTATIVES (\$4560-\$5412) in schools for retarded children. Combination field supervision-intake casework. Requires graduate school and experience. Contact: Washington State Personnel Board, 212 General Administration Bldg., Olympia, Wash.

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